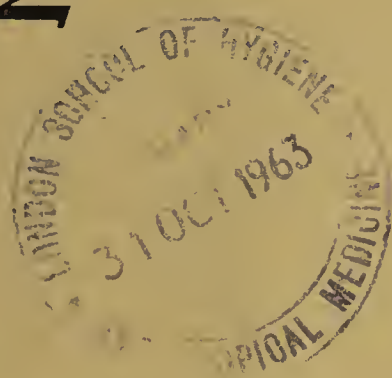


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# *The Health of Middlesex 1962*



*The Annual Report of  
the County Medical Officer of Health*

ADMINISTRATIVE COUNTY OF MIDDLESEX



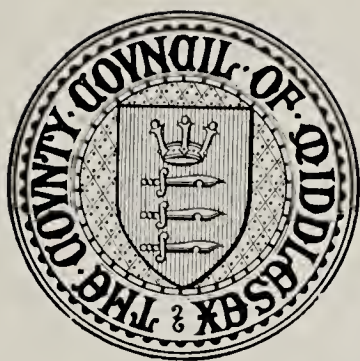
*The Health of  
Middlesex  
1962*

*The Annual Report of  
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ADMINISTRATIVE COUNTY OF MIDDLESEX







*H.R.H. Princess Marina, Duchess of Kent.*

Visit to

ISLEWORTH JUNIOR TRAINING SCHOOL

17th December, 1962.



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## PREFACE

*To the Chairman, Aldermen and Members of the County of Middlesex*

MADAM, LADIES AND GENTLEMEN,

I have the honour to present my report on the state of the public health in Middlesex during the year 1962.

Dr. A. C. T. Perkins retired from the post of County Medical Officer of Health at the end of July when I took over from him. He had been County Medical Officer for fourteen years, having joined the staff of the County Council in January, 1930. To him I owe a deep debt of gratitude, not only for his many personal kindnesses to me and for his unwavering support, but for his encouragement in the opening up of new fields particularly in the sphere of mental health.

As measured by the number of first applications for sickness benefit, the general level of health continued much as the year before with a rather higher number of first applications for sickness benefit than is to be expected in an average year. But although the numbers remain much the same as for 1961 the winter infections must have been somewhat more severe for the number of deaths registered, 24,568, shows an increase of 504 over the previous year.

Deaths from cancer and coronary heart disease were again the two largest single causes of death accounting for approximately 40% of all deaths. Deaths from lung cancer reached a new 'all high' of 1,388, but then every year is a new 'all high' for cancer of the lung. It is with mixed feelings that one sees, year after year, coronary heart disease and cancer of the lung play such a big part in the listed causes of death, for these diseases are, in large measure, preventable and this is a cause for satisfaction, but these diseases are clearly not being prevented and this is a cause for dissatisfaction. The efforts of the Government, of the medical profession and, in particular, of the health departments of local health authorities, have to be looked at in relation to the natural efforts of the tobacco manufacturers to sell their wares. While the tobacco manufacturers are able to spend millions where the health authorities spend thousands progress cannot be expected. We know less about the avoidance of coronary heart disease but there is little doubt that if we took more exercise and controlled our weight it would be less common.

The steady and considerable annual increase in births continued; during the year there were 38,437 live births giving a rate of 17.2 per thousand population (16.5 in 1961). This increase inevitably throws great strain upon the already overworked midwifery service both in the hospital and in the home. The shortage of hospital beds and inadequate number of midwives to staff them has led on the one hand to a somewhat haphazard, if inevitable, policy of early discharge and on the other of a large number of women who, by common consent, require delivery in hospital, having to be dealt with through the emergency bed service after the onset of labour; an arrangement which is regarded as satisfactory by none. During the year a scheme for planned early discharges worked between the hospital, the local authority and the family doctor was put into operation in one part of the county. This experiment is being watched with interest for it is evident that only by schemes of this kind can the present situation be tided over until more maternity beds become available.

The infant mortality rate, a sensitive index of the total environment, including, in particular the quality of ante natal and obstetric care, stood at 19.0 per thousand total live births. This is an improvement on the figure for 1961 of 20.2 though not as low as in 1960 (18.5) or 1957 (17.8). The fact is there has been little progress in reducing this figure over the past decade. The illegitimate live births represented 8% of all births as against 7.2% the previous year. This steady annual increase in the proportion of illegitimate births is probably an important factor in the failure to make significant diminutions in the infant mortality rate in recent years since illegitimate children are more likely to die in the first year of their lives than are babies born in wedlock.

It is pleasing to report that the number of maternal deaths in 1962 fell to 11 giving a rate of 0.28 per thousand births as against 0.37 for the previous year.

Some infectious diseases fluctuate in their incidence and severity considerably from one year to another and as yet have not been controlled, other diseases have, of course been dramatically diminished as result of immunisation. It is partly by chance then, but partly and principally as a result of a vigorous immunisation policy over the years, that I am able to report a very satisfactory year so far as infectious diseases is concerned. Scarlet fever—the second lowest figure for 40 years; whooping cough—the lowest level since the disease became notifiable in 1940; poliomyelitis—9 cases (1 death), the smallest number of cases yet notified; measles showed the usual sharp drop after a year of high incidence; no cases of diphtheria were notified during the year. Dysentery (1,300 cases) showed an increase over the previous year; this condition is generally mild but its prevalence indicates that we have yet a distance to go before reaching an adequate level in the matter of personal hygiene.

Although no cases of smallpox were reported during the year it was this disease which occupied the centre of the stage in the early months of the year and the health department was intimately involved because of its responsibility for the port health unit at London Airport. An account is given in the body of the report of the arrival by air from Pakistan of persons incubating smallpox and of the loopholes in the regulations which provide for the measures to be taken to control the importation of smallpox. It became clear that the main line of defence, the possession of a valid international certificate of vaccination, does not give reliable evidence of protection and additional precautions had then to be taken. The difficulty is, of course, to find a measure which, while not unduly hindering the traveller, nevertheless gives an adequate degree of protection to the public of this country.

The Commonwealth Immigrants Act 1962 came into operation on the 1st July since when certain categories of commonwealth passengers are referred to the medical inspectors by the immigration authorities for examination. One of the reasons for recommending refusal of entry is the state of health of the would be immigrant. In this connection it is disturbing that no routine x-ray of chest of such immigrants is available. It is not known for sure but it may very well be that a relatively high proportion are suffering from pulmonary tuberculosis. If so it is a matter of importance since so many immigrants live in over crowded conditions which favour the spread of infection. The screening of one or two thousand immigrants by a mass radiography mobile unit should



give an answer on which a firm policy decision could be made as to whether to install permanent radiography facilities in No. 1 and No. 3 buildings at London Airport.

During the year two home nurses were attached each to a group of general practitioners. The usual arrangement is that each home nurse has a district, and general practitioners patients in that district who require home nursing are referred to that particular nurse, in these two cases however the nurses were attached to the doctors to see their patients wherever they might live. This more intimate relationship, which extends to attendance at the surgery, must make for better working together. What is required between the general practitioner and the home nurse, the health visitor and the social worker is integration, not co-operation. This is but a small beginning, it is however worth mentioning simply as a milestone.

During the year an interim scheme of ambulance control based on the three service districts which make up the county was set up; it provides a major step forward in the implementation of the County Council's policy of providing a single unified control for the ambulance service. When the single control centre is achieved, the next step will be to graft on a county wide teleprinter network and radio control of service vehicles. Such a system should give the utmost economy in the deployment of the fleet to the advantage of both patient and ratepayer.

The vigour with which the County Council has been expanding mental health services over a number of years has now resulted in a considerable increase in the community care facilities. There are now 8 junior training schools, five of which have special care units and 6 adult training centres for the severely subnormal. An experimental 30-place day centre and a small post hospital residential unit give valuable experience in facing the new task of caring for the mentally ill in the community. Projects which are nearing completion include—a 19 place weekly boarding unit, a hostel for young adult sub-normals, a 104 place replacement junior training school, a 24 place special care unit and 2-30 place hostels for the mentally ill.

The provision of hostels, training centres, day centres and sheltered workshops is necessarily a rather slow business, not only because of the time required for architectural and building work but because of the bitter opposition on planning grounds so frequently encountered from those living in the vicinity of the proposed building. Yet once the provision is made it is remarkable to find how quickly this opposition melts away.

Special arrangements were made during the year for the treatment of severely sub-normal children suffering from cerebral palsy attending the special care units of the junior training schools. A specially experienced physiotherapist was engaged during the year in connection with this work.

Great importance is attached to the training of staff. The in-service training course for mental welfare officers and other social workers run in conjunction with the extra mural department of London University was widened in scope and duration during the year to permit concurrent courses of study for various classes of officers. During the year the County Council's second two-year whole-time training course for teachers of the severely sub-normal was successfully concluded and a third course started in September.

The lack of beds in psychiatric hospitals, particularly for severely sub-normal children, continues to cause much concern and the number of patients waiting for admission at the end of the year was 217 compared with 183 twelve months before. Nor does the hospital plan for England and Wales give rise to any sanguine hopes that this situation will be ameliorated within a decade. It is profoundly to be hoped that the Minister of Health in his annual reviews of the plan will feel it is right to make provision for many of these cases as a matter of urgency. There are, it is true, a number of sub-normals in hospital who should be in community care and the County Council intends to make the appropriate provision as soon as it can and it is only right that reciprocal action should be taken by the hospital side to alleviate families of their distressing and pathetic burdens.

It gives me great pleasure to report that Her Royal Highness, Princess Marina, Duchess of Kent, honoured us by paying a private visit to the Acton Lodge Adult Training Centre and the Isleworth Junior Training School in December.

In closing this preface it is my pleasant duty to acknowledge my indebtedness to the loyal co-operation of members of the county health staff, particularly my senior administrative officer, Mr. Mihill and my deputy, Dr. Nelson who joining the staff in November at once showed his ability and enthusiasm. The understanding and support of the Chairman and Members of the Health Committee has been for me an unfailing source of encouragement.

I have the honour to be,

Your obedient servant,

GUY WIGLEY,

*County Medical Officer of Health.*



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# SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water) .. .. .	148,687 acres
Population 1961 census .. .. .	2,234,543
Population 1962—Registrar General's mid-1962 estimate .. .. .	2,239,770
Number of structurally separate dwellings occupied (1961 census) .. .. .	665,347
Number of private households (1961 census) ..	735,427
Rateable value (all hereditaments) .. .. .	£46,312,957
Product of a penny rate, financial year 1962-63 ..	£190,821
Live births	
Number .. .. .	38,437
Rate per 1,000 population .. .. .	17.2 (England & Wales 18.0)
Illegitimate live births per cent. of total live births ..	8.0
Stillbirths	
Number .. .. .	619
Rate per 1,000 total live births and still births ..	15.8 (England & Wales 18.1)
Total live and still births .. .. .	39,056
Infant deaths (deaths under 1 year) .. .. .	732
Infant mortality rates	
Total infant deaths per 1,000 total live births ..	19.0 (England & Wales 21.4)
Legitimate infant deaths per 1,000 legitimate live births .. .. .	19.0
Illegitimate infant deaths per 1,000 illegitimate live births .. .. .	22.4
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births) .. .. .	14.1 (England & Wales 15.1)
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births) .. .. .	11.9 (England & Wales 12.9)
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)	27.5 (England & Wales 30.8)
Maternal mortality (including abortion)	
Number of deaths .. .. .	11
Rate per 1,000 total live and still births ..	0.28 (England & Wales 0.35)
Deaths .. .. .	24,568
Death-rate per 1,000 home population (crude) ..	11.0 (England & Wales 11.9)
do. do. (adjusted) ..	11.8
Deaths from cancer (all forms) .. .. .	4,974
Death rate from cancer (all forms) per 1,000,000 population .. .. .	2,221 (England & Wales 2,177)



## ADMINISTRATIVE COUNTY OF MIDDLESEX

# ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1962

## VITAL STATISTICS

### AREA AND POPULATION

The County of Middlesex covers approximately 232 square miles and comprises 26 local authorities.

The Registrar General has estimated a mid-year population of 2,239,770, an increase of 5,227 over the 1961 census figure and continuing the slight upward trend forecast in 1960. The pattern of change in the county districts remains the same with increases in the south and western periphery, largely offset by corresponding decreases in the inner districts.

### BIRTHS

During the year, 38,437 live births were registered, 2,009 more than in 1961, and continuing the upward trend observed over the last few years.

The live birth rate per 1,000 population of 17.2 (17.0 adjusted) is again higher than the previous year but still below that for England and Wales which has risen to 18.0.

The proportion of illegitimate births continues to rise, the 3,081 registered in 1962 accounting for 8 per cent. of the total live births, an increase of 0.8 per cent. over 1961 and the highest figure so far recorded.

Differences in birth rates between county districts remain considerable, even when adjusted by the birth comparability factors which make allowances for differences in the sex and age distribution of the population.

Birth rates by administrative areas and county districts are set out in Tables 3 and 4 on pages 85 to 88.

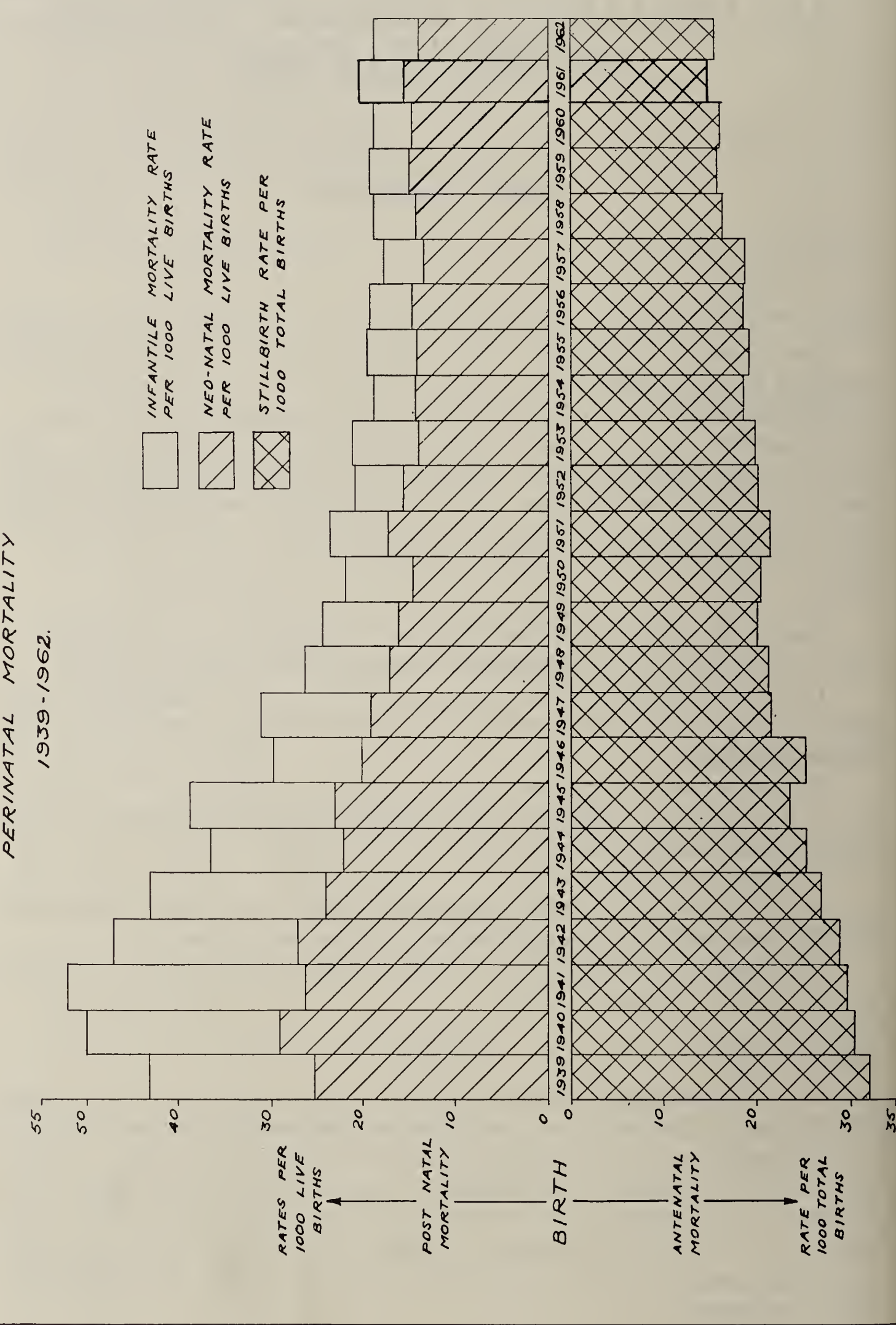
### DEATHS

The number of deaths registered, 24,568, shows an increase of 504 over the previous year. The death rate was 11.0 (11.8 adjusted) compared with 10.8 (11.6 adjusted) for 1961, and against 11.9 for the country as a whole. Deaths from cancer and coronary heart disease were again the two largest single causes of deaths accounting for approximately 40 per cent. of the total. Deaths from lung cancer were 1,388 against 1,343 in 1961.

Table 2 on page 84 sets out the various causes of death and their distribution by age groups.

INFANT MORTALITY

The number of infant deaths for 1962 was 732, giving a rate of 19.0 per 1,000 live births against 742 and 20.2 for 1961, which shows an improvement compared with the rate for the country as a whole which remains at 21.4.





## MATERNAL MORTALITY

The number of maternal deaths fell in 1962 to 11 and the rate for the County of 0·28 per 1,000 total live and still births also fell below that for England and Wales, (0·35).

## SICKNESS INCIDENCE

As measured by the number of first applications for sickness benefit, the rate this year remained virtually on a par with that for the country as a whole.

Table 9 on page 9 shows the incidence of sickness in Middlesex over the last nine years.

**THE 1961 CENSUS**

*Population.*—The total population enumerated in the County at the 1961 census was 2,234,543 a net reduction of 34,772 during the ten year period since the census of 1951 and represents a decrease of 1·6 per cent.

Compared with the declining rate of increase in population over the intercensal periods 1921–31 (30·8 per cent.) and 1931–51 (38·5 per cent. over twenty years) this decrease would tend to bear out the forecast made following the 1951 census that the peak population for the County had already been reached and that a downward trend would follow.

The decrease did not occur over the whole of the County, indeed on the periphery of the County the population continued to increase, though at a lower rate than previously. The principal gains occurred in Sunbury (42·9 per cent.) Potters Bar (36·1 per cent.) Staines (24·6 per cent.) and in the group comprising Feltham, Uxbridge and Yiewsley & West Drayton (14·4 per cent.). The principal losses occurred in Edmonton (11·8 per cent.) Tottenham (10·8 per cent.) Wood Green (8·2 per cent.) Brentford & Chiswick (7·6 per cent.) Southall (5·2 per cent.) Willesden (4·8 per cent.) and Harrow (4·7 per cent.).

It will be seen, therefore, that the tendency already evident at the 1951 census, for people to move from the more crowded districts near the centre of London to live in the outlying areas of the County, and beyond, has continued and in this connection it is interesting to note the increases in population of the surrounding Counties of Hertfordshire (36·5 per cent.) Buckinghamshire (25·9 per cent.) and Essex (11·8 per cent.).

During the intercensal period the average annual rate of natural increases (i.e. the excess of live births over deaths) was 4·1 per 1,000 population so that it is evident that migration is the dominant factor in the population changes.

*Birth-place and Nationality.*—Since 1951 the proportion of the Middlesex population who were born in England, Wales and Scotland has decreased from 93·3 per cent. to 89·2 per cent.

The proportion born in Northern Ireland and the Irish Republic has risen from 2·2 per cent. to 3·5 per cent. as also has the proportion of those born outside the British Isles from 3·7 per cent. to 6·7 per cent.

The greatest increase was in those born in the Commonwealth, Colonies and Protectorates which rose from 24,141 persons (1·1 per cent.) in 1951 to

66,734 (3.0 per cent.) in 1961 while those born in foreign countries rose from 59,976 (2.6 per cent.) to 82,308 (3.7 per cent.).

Of the 275,454 persons born outside England and Wales, 11,411 were visitors. The remainder had taken up permanent residence in this country and of these 36,593 were aliens.

*Age and Sex.*—The age distribution of Middlesex differs from that of the country as a whole, mainly in having proportionately fewer persons in the under 15 age group and more in the 45 to 64 age group.

The proportion of the population age 65 and over, has risen since 1951 from 10.1 per cent. to 11.4 per cent. in 1961 but remains lower than that for England and Wales (12.0 per cent.).

The sex ratio continues to narrow and is now 1,091 females per 1,000 males compared with 1,006 in England and Wales. This higher than average ratio affects most age groups but is particularly marked at ages 15–24 and over the age of 65 (ratios of 1,029 and 1,719 respectively).

The following table gives details of the sex ratio for the County in five year age groups:—

AGE in five year groups	NO. OF PERSONS		RATIO Females per 1,000 Males
	Males	Females	
0—4	77,610	73,600	948
5—9	67,502	64,432	955
10—14	82,612	79,348	960
15—19	76,463	77,758	1,017
20—24	73,004	76,089	1,042
25—29	72,981	69,918	958
30—34	70,970	70,544	994
35—39	74,976	78,510	1,047
40—44	71,602	78,257	1,093
45—49	84,085	91,451	1,088
50—54	88,544	93,574	1,057
55—59	78,284	83,073	1,061
60—64	56,166	67,568	1,203
65 and Over	94,018	161,604	1,719

*Marital Condition.*—The tendency to marry at a younger age continues. This, and the high marriage rates between 1951 and 1961 are reflected in large increases in the proportions married in both sexes in the 20–24 age group. 266 in every 1,000 males and 511 per 1,000 females against 210 and 431 respectively for 1951.

Of the population aged over 15, 70.3 per cent. males and 62.7 per cent. females were married. The main change since 1951 being a fall in the proportion of married men and a rise in the proportion of married women which is probably a result of the narrowing sex ratio. There were 33 widowed men per 1,000 aged 15 and over compared with 130 per 1,000 for women.

9.1 in every 1,000 persons were found to be divorced in 1961 compared with 7.9 in 1951. The number of divorced women being nearly double that of men.



*Dwellings.*—The total number of private dwellings (occupied and vacant) was 674,203 representing an increase of 70,372 (11·7 per cent.) over that for 1951. Of these 92·5 per cent. contained one household space only compared with 85 per cent. in 1951. Although the number of dwellings of all sizes has increased, there has been a more than proportionate increase in the number of smaller dwellings. Those with five rooms or less accounting for 72 per cent. of the total. In consequence, the average size of dwellings has fallen from 5·03 rooms in 1951 to 4·95 in 1961.

A new feature of the tabulation from the 1961 Census is the classification of dwellings according to the type of building in which the dwellings were located. These figures show that 549,373 or 81·5 per cent. of the dwellings were located in wholly residential permanent buildings containing one dwelling only, and a further 15·9 per cent. in buildings containing more than one, of which 61·1 per cent. were in buildings with two to four dwellings.

It would appear, therefore, that the trend over the last ten years has favoured the building of the smaller house with four or five rooms, and for flats in small blocks, together with the conversion of some larger premises.

*Private Households.*—Since 1951 the number of households has risen 4·5 per cent. to 735,427. The size of households has, however, continued to fall, 43·6 per cent. being composed of one or two persons only, and the average size of all households being 2·96 persons (compared with 37·7 per cent. and 3·15 in 1951).

Despite the reduction in the average size of dwellings the average number of rooms occupied by a household has risen from 4·24 to 4·48. Also, there has been a reduction in the proportion of households sharing a dwelling from 28·5 per cent. in 1951 to 16·3 per cent. in 1961.

The proportion of households with one or more rooms more than the number of persons has again risen, particularly in those households with one or two rooms more which has risen from 18·8 per cent. to 25·6 per cent. It follows that the density of occupation has fallen being 0·67 persons per room for the County in 1961 against 0·74 in 1951. Only 3 per cent. of the households were living at a greater density than 1·5 persons per room in 1961 against 4·8 per cent. in the same category in 1951.

Another new feature of the 1961 census was the classification of dwellings and households by tenure and the results show that 50·8 per cent. of all households were owner occupiers accounting for 55·8 per cent. of all dwellings. A further 13·3 per cent. of households were rented from local authorities. Of the households sharing a dwelling 73·3 per cent. rented from a private person or company and of these 37·5 per cent. were renting furnished.

The impression gained is that the process of more equal distribution of accommodation has continued, together with a raising of the general living standard, and that if these trends continue the next ten years should show some quite considerable improvements.

*Household Arrangements.*—Although some details of household arrangements were obtained for the 1951 census, additional information was requested in 1961 but the method of recording was changed so that it is generally not possible to draw direct comparison. For example, at the 1961 census, 4,185 households

were without the use of a water closet against 2,361 in 1951. This apparent increase is undoubtedly due to the wording of the question in 1961 which stated that the water closet must be "within or attached to the building", a stipulation which was not made in 1951. The availability of cooking stove and kitchen sink was only taken into account to distinguish between households sharing a dwelling who had exclusive use of both these facilities, and those who had only shared use.

The information, however, does indicate to what extent households have access to facilities such as piped water, hot and cold, fixed bath and water closet. The general picture obtained is one of improvement over the intercensal period.

In Middlesex 73.1 per cent. of households had exclusive use of all four arrangements. The proportion was 84.8 per cent. for the 83.7 per cent. of households not sharing a dwelling but fell to 16.0 per cent. for households sharing a dwelling with exclusive use of sink and stove, and 2.2 per cent. for sharing households without exclusive use of sink and stove.

*Cold Water Tap.*—In 1961, 696,561 or 96.0 per cent. of all households had exclusive use of a cold water tap. Since 1951 the proportion of households without a cold water tap has fallen from 0.3 per cent. to 0.2 per cent. and the proportion with only shared use has fallen from 20.2 per cent. to 3.8 per cent. The frequency of sharing a cold water tap was naturally very much higher among households which shared a dwelling and nearly 94 per cent. of households with shared use of a cold water tap were in this category.

*Hot Water Tap.*—81 per cent. of households had exclusive use of a hot water tap and only 14.5 per cent. were entirely without. Of the 4.4 per cent. with shared use 89.5 per cent. were also sharing their dwelling. The proportion of households lacking a hot water tap was greater in households which shared their dwelling, 34.4 per cent. compared with 10.6 per cent. for households which did not share their dwelling.

*Fixed Bath.*—The period from 1951 to 1961 has seen a general improvement. In 1961, 76.4 per cent. of households had exclusive use of a fixed bath as against 65 per cent. in 1951. The proportion of households sharing a bath has decreased from 18.7 per cent. to 13.1 per cent. and those entirely without from 16.2 per cent. to 10.5 per cent.

*Water Closet.*—87.4 per cent. of households had exclusive use of a water closet in the building or attached to it. 12 per cent. had shared use and 0.6 per cent. were without. Among the households sharing a dwelling and having exclusive use of sink and stove, 48 per cent. had only shared use of a water closet while among those sharing a dwelling without exclusive use of sink and stove 92.8 per cent. shared a water closet. In shared dwellings the proportion without a water closet was less than for all households.

*District Variation in Housing.*—Although all districts of the County show an increase in the number of dwellings, it was not evenly distributed. The highest gains were in Sunbury (52.3 per cent. increase) Potters Bar (47.2 per cent.) Staines (40.5 per cent.) Feltham (30.9 per cent.) Uxbridge and Yiewsley & West Drayton (27.4 per cent. each). The lowest were in Tottenham (1.0 per cent.) Wood Green (1.9 per cent.) Edmonton (2.0 per cent.) and Southall



(5·8 per cent.). In these districts the number of households fell between 1951 and 1961. These changes follow the trend of the change of population and are consistent with the additional new development on the outer ring of the County, as opposed to the re-development of the older more densely populated districts nearer to the centre of London.

*Non-Private Households and Institutions.*—At the 1961 census over 51,000 persons were living in hotels, boarding houses, schools, hospitals and institutions. Owing to changes in definition, it is not possible to make a valid comparison with the 1951 census, but the general position would appear to be about the same.

There were 16,247 persons in hospitals accounting for 32 per cent. of the population enumerated in non-private households, 11,862 were living in hotels and boarding houses and 527 in places of detention. The only group which showed a great difference between 1951 and 1961 were for defence establishments which had fallen from 7,191 persons to 2,697 persons.

A preponderance of females occurred in most institutions but was most marked in those for the aged and infirm, psychiatric hospitals and hospitals (other than National Health Service) which would include a high proportion of maternity hospitals. Only in places of detention did the number of males greatly exceed the number of females.

Of the 11,862 persons living in hotels and boarding houses, nearly two-thirds were in hotels and boarding houses with less than ten rooms, this figure is more than double that for 1951, and is almost entirely due to changes of definition resulting in the inclusion of many more small boarding houses in this category.

*Households containing persons of pensionable age.*—There were 140,882 one or two person households in Middlesex containing persons of pensionable age. Of these 48,920 were one person households (of which 86·4 per cent. were women), and 91,962 two person households.

In all, 183,833 persons of pensionable age were enumerated in one or two person households. This represents 56·9 per cent. of all persons of pensionable age in Middlesex. Of this total 48,920 or 26·6 per cent. were living alone, 49,011 or 26·7 per cent. lived in two person households containing one person of pensionable age, and the remaining 85,902 or 46·7 per cent. lived in two person households where both were of pensionable age.

## INFECTIOUS DISEASES

### SCARLET FEVER

With the exception of 1961, when ten fewer cases were notified, the figure of 895 cases for 1962 is the lowest for over 40 years.

### WHOOPING COUGH

A further decline in the number of cases is recorded for 1962. The 251 cases being the lowest since whooping cough became notifiable in 1940.

## POLIOMYELITIS

The figure of nine cases, including one death, in 1962 maintains the satisfactory reduction in the numbers notified over the past few years. This would again seem to bear out the great value of immunisation against this disease since a peak of 585 cases notified in 1955.

## MEASLES

1962 followed the usual trend after the high incidence of 37,208 in 1961, by a drop in notifications to 4,986 cases. One death was registered during the year.

## DIPHTHERIA

No cases were notified during the year.

## DYSENTERY

1,300 cases were notified during the year which, although a considerable increase over the previous year is only very slightly above the average number of cases notified per year over the last ten years.

## FOOD POISONING

255 cases were notified in 1962, five more than for 1961.

## SMALLPOX

No cases were notified in Middlesex during the year. The outbreaks which occurred in various parts of the country during the early months of the year resulted in heavy demands for vaccination and re-vaccination. Table 13 on page 94 gives details of vaccination carried out.

The work of the various sections of the Health department arising from the outbreak is included in reports on pages 23 and 43.

## OTHER INFECTIOUS DISEASES

20 cases of Ophthalmia Neonatorum were notified as compared with 18 in 1961.

731 cases of Puerperal Pyrexia were notified, the lowest number since 1951.

## VENEREAL DISEASES

The number of Middlesex patients reported as being treated at hospitals for the first time during 1962 was 5,315 compared with 5,741 in 1961. This is the first reduction in the number of Middlesex cases treated since 1957 and coincides with a reduction in the numbers treated for the whole of England and Wales. Other figures, together with those for previous years, are given for comparison in Table 21 on page 100, and the work of the County Council's almoners is dealt with on page 52.

## TUBERCULOSIS

Statistical data relating to tuberculosis and also to the work of the chest clinics in the County are shown on pages 97 to 99.

The arrangements for the prevention of tuberculosis and for the care and after care of those suffering from the disease are dealt with in the section entitled "National Health Service Act" on page 48.



*Notifications.*—There were 896 primary notifications of pulmonary tuberculosis, a reduction of 67 from last year. The following table shows the distribution in incidence between the two main age groups:—

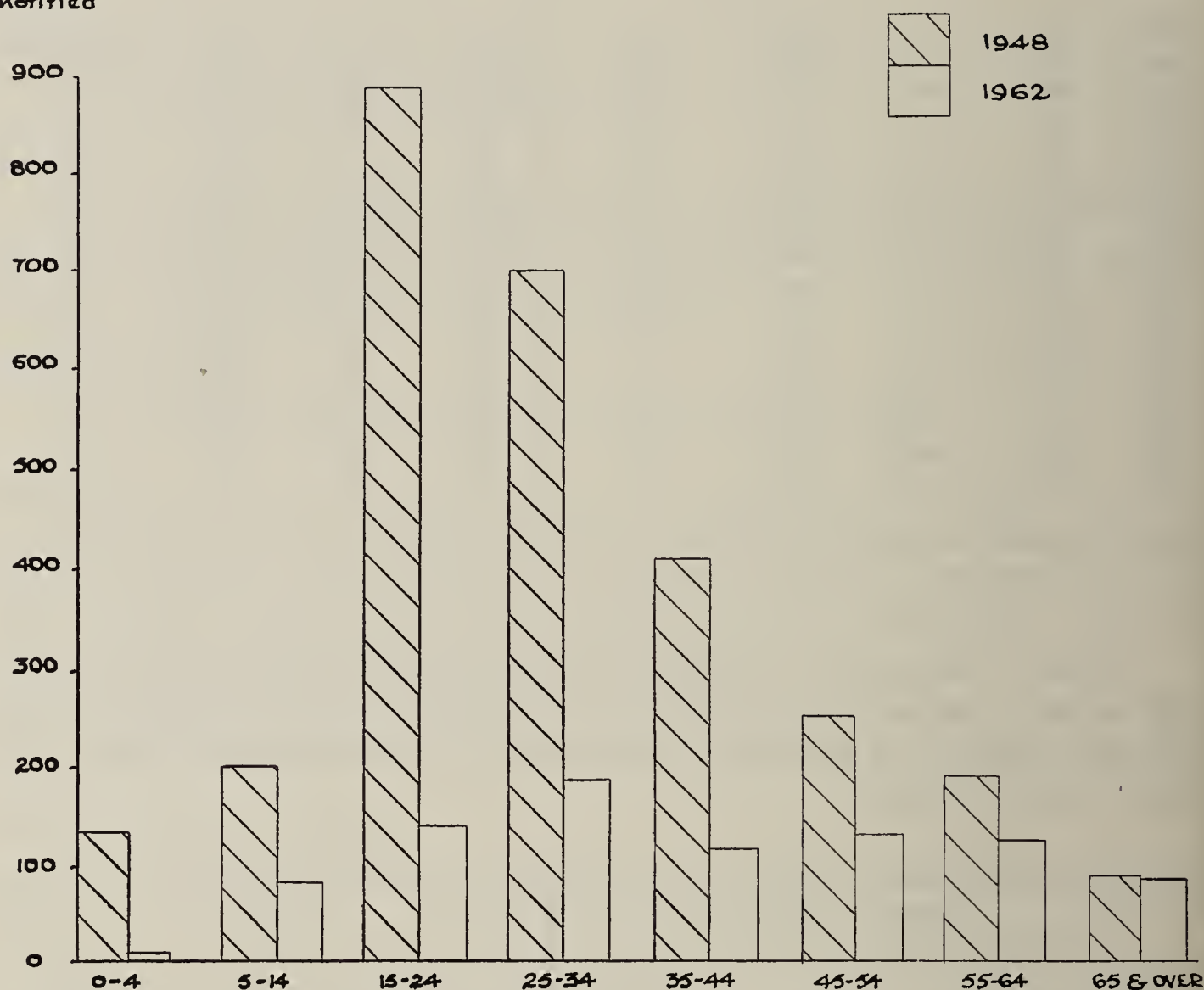
Year.	Notifications of persons age 15-44.				Notifications of persons age 45-65.			
	Males.	Females.	Total.	Percentage of all notifications.	Males.	Females.	Total.	Percentage of all notifications.
1948	987	1,001	1,988	70	319	111	420	15
1949	985	900	1,885	69	370	106	476	17
1950	822	860	1,682	68	361	129	490	20
1951	830	760	1,590	66	376	100	476	20
1952	712	745	1,457	66	355	110	465	21
1953	700	764	1,464	65	390	109	499	22
1954	614	605	1,219	64	321	108	429	22
1955	550	530	1,080	63	305	92	397	23
1956	484	439	923	59	325	86	411	26
1957	428	402	830	58	310	89	399	28
1958	354	345	699	54	292	90	382	30
1959	306	278	584	52	257	87	344	30
1960	311	248	559	53	246	77	323	31
1961	249	209	458	48	244	59	303	31
1962	258	196	454	51	208	56	264	29

*Deaths.*—The number of deaths from tuberculosis during the year was 121 and of this number 111 were on account of pulmonary tuberculosis. The following table shows the trends of morbidity and mortality from pulmonary tuberculosis since 1948.

Year.	Primary notifications.				Deaths.			
	Males.	Females.	Total.	Rate per 1,000 population.	Males.	Females.	Total.	Rate per 1,000 population.
1948	1,527	1,301	2,828	1.25	493	297	790	0.35
1949	1,588	1,158	2,746	1.21	486	279	765	0.34
1950	1,378	1,099	2,477	1.08	370	197	567	0.25
1951	1,416	1,000	2,416	1.07	331	197	528	0.23
1952	1,521	957	2,208	0.97	252	134	386	0.17
1953	1,284	980	2,264	1.00	222	105	327	0.14
1954	1,109	816	1,925	0.85	209	83	292	0.13
1955	1,000	706	1,706	0.76	178	66	244	0.11
1956	957	611	1,568	0.70	154	60	214	0.10
1957	868	557	1,425	0.63	130	52	182	0.08
1958	774	516	1,290	0.57	111	37	148	0.07
1959	691	437	1,128	0.50	88	28	116	0.05
1960	661	388	1,049	0.47	91	29	120	0.05
1961	618	345	963	0.43	61	39	100	0.04
1962	577	319	896	0.40	73	38	111	0.05

COMPARISON BY AGE GROUPS OF NEW CASES OF  
PULMONARY TUBERCULOSIS NOTIFIED IN MIDDLESEX  
IN 1948 AND 1962.

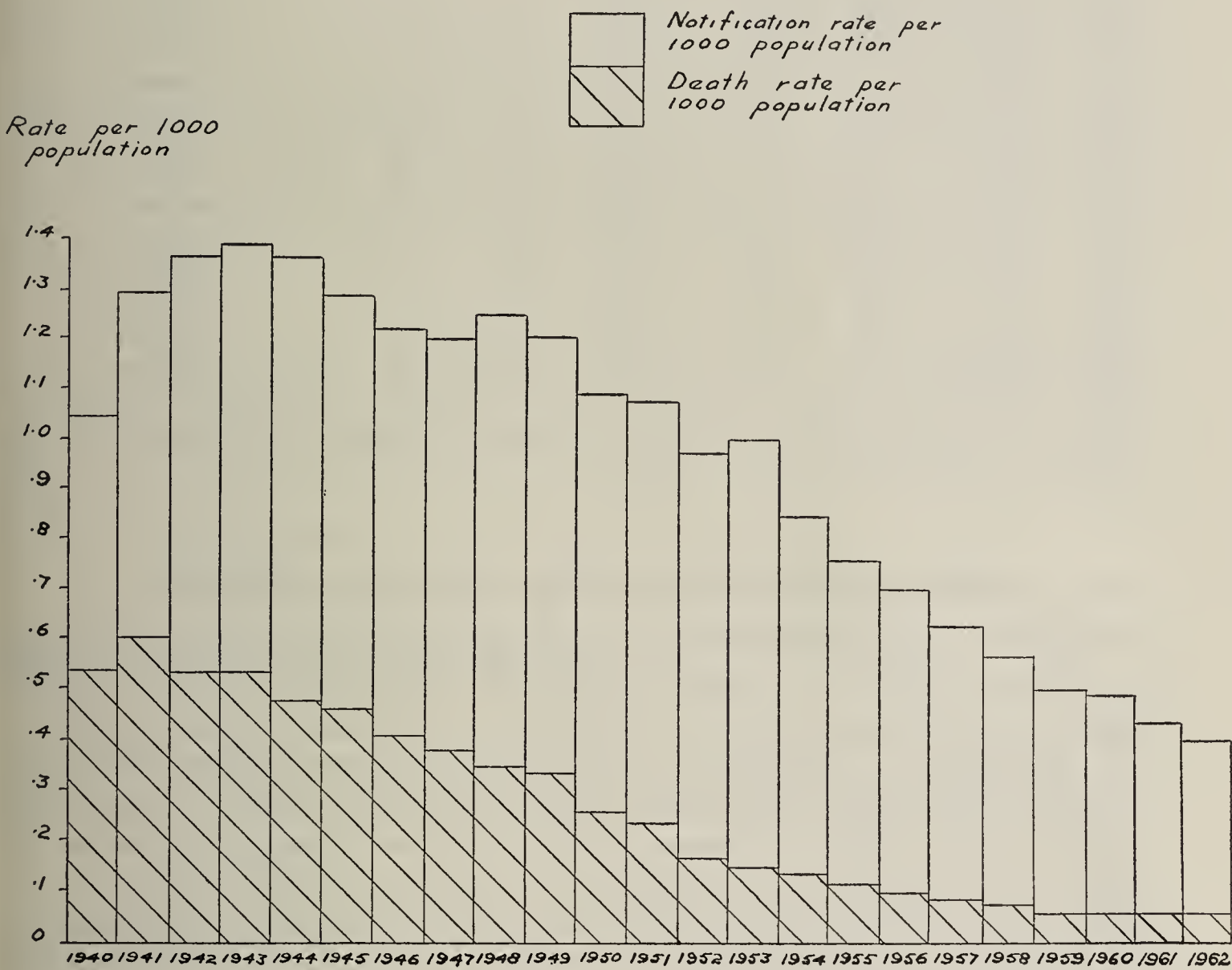
Number of  
cases  
notified



One posthumous notification of pulmonary tuberculosis was received and deaths from the disease in persons not previously notified amounted to 32.

The number of patients examined for the first time at the chest clinics in the County was 60,817 which is a decrease of 2,076 from the number seen last year, and of this number 1,000 were found to be suffering from tuberculosis. The number of new contacts of these cases examined was 10,178 and 93 new

PULMONARY TUBERCULOSIS NOTIFICATION AND DEATH  
RATES IN MIDDLESEX 1940 - 1962



cases of tuberculosis were found among these contacts. The percentage is small, but nevertheless it is an important part of the work in controlling the spread of this disease. At the end of the year 18,083 patients remained on the tuberculosis registers maintained by the chest clinics. The following table shows the percentage incidence among patients examined, including contacts and the total number of patients on registers at the end of each year since 1949.



Year.	Total persons (including new contacts) examined for the first time.			New contacts examined.			Persons on chest clinic registers at the end of the year.
	Number.	Number found tuberculous.	Percent. found tuberculous.	Number.	Number found tuberculous.	Percent. found tuberculous.	Total.
1949	27,584	2,651	9.6	8,399	266	3.2	16,485
1950	34,159	2,355	6.9	8,894	213	2.4	17,331
1951	40,622	2,276	5.6	9,915	291	2.9	18,241
1952	38,695	2,390	6.2	9,597	207	2.2	19,349
1953	43,747	2,504	5.7	11,194	231	2.1	20,402
1954	45,032	1,981	4.4	9,773	154	1.6	20,940
1955	53,624	1,777	3.3	10,849	150	1.4	21,367
1956	56,591	1,602	2.8	10,003	136	1.4	21,297
1957	62,985	1,362	2.2	11,646	124	1.1	21,253
1958	60,646	1,400	2.3	10,352	138	1.3	20,794
1959	60,702	1,249	2.1	11,241	105	0.9	20,459
1960	58,153	1,165	2.0	10,388	113	1.1	19,735
1961	62,893	1,114	1.8	11,026	128	1.2	19,024
1962	60,817	1,000	1.6	10,178	93	0.9	18,083

### HEALTH CONTROL UNIT—LONDON AIRPORT

From accounts published in the press, it appears that those airlines operating long distance flights are finding considerable difficulty in showing a profit balance in their annual accounts and it is an increasingly common experience to read of airlines, particularly on the trans-Atlantic routes, flying in either one direction or the other, with passenger-space only half taken up. And yet the estimate of the number of passengers using London Airport in 1962 was 7½ million; by 1965 this figure is expected to reach 10 million and by 1970, 15 million. The inference is that the increase in passenger traffic is to be found in internal flights and in those flights to and from the continent and the near and middle east, rather than in the longer distance flights.

The new No. 3 passenger building on the south west face of the airport came into full functional operation in June. With the opening of this building, the old encampment of prefabricated huts on the north side of the airport ceased to be used for passenger traffic. Now plans are already being drawn up for yet another passenger building, which is to be sited to the north east of the Queen's Building.

With the importation of smallpox into the United Kingdom from Pakistan via London Airport, the first three months of 1962 were among the busiest since the Health Control Unit was formed in 1946. The careful screening of all passengers arriving from both Pakistan and India together with efforts to meet the demands for vaccination of the staff, passengers, visitors and other members of the general public threw considerably additional work upon the unit. Following this outbreak the establishment was increased by one additional medical officer.

Later, in July, with the introduction of the Commonwealth Immigrants Act, the value of this additional medical officer was demonstrated although the smallpox outbreak was ended. To hasten the screening of Commonwealth passengers at health control, whilst at the same time carrying out the medical provisions of the Act, the unit was allowed to retain the services of two of the four clerk receptionists who had been engaged temporarily to fill the gap between the opening of the new passenger terminal and the closure of the old north terminal.

In April, various services in the central terminal area which had hitherto been performed by the Ministry of Aviation—notably those on the apron—were taken over by B.E.A. This transfer impinged upon the health control unit only in so far as the handling of invalid passengers was concerned. The proposal made by the Ministry of Aviation was that their ambulances stationed at the airport, should discontinue the routine transport of stretcher-case passengers between the medical section of the Queen's Building and the aircraft, but no change was made during the year and the matter is still under consideration.

Early in the year, an exercise was held to test out the efficacy of the Airport Emergency Regulations; a number of "casualties" were rescued from the simulated wreckage of a burning aircraft which had crashed on take-off. After rescue and emergency first aid, the "casualties" were transported to hospital. The exercise was of considerable value and has enhanced the efficiency of the general crash procedure.

The only serious accident during the year occurred on 14th August when a Lufthanza Boeing crash-landed after the nose-wheel failed to come down. Happily, there were no serious casualties.

*Staff.*—The medical staff is now made up of a senior medical officer and six medical officers. By the end of the year no permanent appointment had been made to fill the extra post authorised earlier, but the services of locum-tenens were obtained.

At the present time only one medical officer is on duty at the airport from 5.00 p.m. on Friday until 9.00 a.m. on the following Monday. It is likely that another medical officer will be needed during the coming year so that, at least during the peak hours at weekends, both the main passenger buildings at the airport can be covered by a medical officer.

The establishment of nursing staff is seven. During the year, several resignations occurred, but replacements were obtained.

The establishment of receptionists is one senior receptionist and twelve receptionists. For a short period between March and the end of May it was necessary to provide health control services at three buildings in different parts of the airport *i.e.* No. 1 passenger building, the new (No. 3) passenger building and the old north terminal building and to provide for this situation it was necessary to engage four clerk/receptionists temporarily.

On 31st May the north terminal closed down and No. 3 passenger building came into full operation, but the volume of passenger traffic had increased to such an extent that permission was given permanently to retain the services of two of the temporary receptionists.



*Port Health.*—All passengers arriving from countries where smallpox is endemic are in the normal way cleared by Port Health staff, their vaccination certificates being checked and the Yellow Warning Cards issued. Occasionally, if cases of smallpox occur in a non-endemic area, passengers' vaccination certificates are also scrutinised by the Port Health staff and if a passenger is unable to produce a valid certificate, vaccination or revaccination is offered on arrival, and the passenger's address is requested.

In 1962, cases of smallpox occurred in Germany and for a period passengers arriving from infected local areas were subjected to health control as indicated in the previous paragraph. The normal routine was departed from in the early part of the year during the smallpox epidemic in Pakistan. This followed checks at the airport which revealed that although in possession of valid international certificates of vaccination, these certificates did not give reliable evidence of protection and as an additional safeguard, all passengers who originated their flight in Karachi, or who had spent a night there within the fourteen days preceding entry to this country, were physically examined as to their vaccinal state. Those with regard to whose protection the port medical officer was in doubt, were vaccinated or, if this was refused, were isolated.

On several occasions towards the end of 1961 and at the beginning of 1962, smallpox was imported into this country from Pakistan by passengers arriving by air who were incubating the disease. Medical examination at the time of arrival could hardly have detected the fact, but it came to light that a considerable number of travellers from Pakistan reached London Airport on planes which they had joined at other airports in Europe. Planes which have commenced their flights at a place within the "excepted area" *i.e.* United Kingdom, the Channel Islands, the Isle of Man, the Irish Republic, France in Europe, Belgium, Holland, Luxembourg, Italy and Federal Republic of Germany, and during their flights did not alight at any place outside this area would in the normal way not be subject to health control on arrival at London Airport, but during the smallpox epidemic in Karachi and in the United Kingdom, an arrangement was made between the Port Health Authority and the Immigration Authorities whereby all travellers known to have originated from Karachi or known to have spent a night there within the previous fourteen days, were referred back to health control for checking. These passengers were treated as if they had reached London Airport by a direct flight from Pakistan. A full account of the measures taken is given later in this report.

The number of aircraft arriving during the year was 46,193. This represents an increase of 1,521 over 1961, or 2,088 over 1960. Passengers arriving totalled 2,165,290—an increase of 195,469 over 1961, or 329,479 over 1960. The estimate of the total number of passengers using the airport during the year is given as approximately  $7\frac{1}{2}$  million, the difference between the number of arriving passengers being made up from those departing on international flights and those both arriving from and departing on purely internal flights within the United Kingdom.

Disinsectisation was carried out on 1,991 aircraft during the year, compared with 1,943 in 1961 and 1,874 in 1960.

Ships' crews, mainly from India and the Far East, arriving in this country to take over ships, were inspected by the port medical officer and the destination

medical officer of health advised of their arrival in each case. There was a noticeable drop in the arrival of these crews during the year, possibly associated with recruiting difficulties which the shipping companies were experiencing.

*Accommodation.*—The new long-haul passenger building No. 3 came into full operation in June and with its opening, the old north terminal, which for so long had evoked adverse comment, ceased to function for passenger traffic.

As agreed in 1961, the accommodation provides for the function of health control only. No facilities for medical or nursing care can be given for lack of space.

Staff of the Ministry and of other Government Departments who fall ill or are injured while on duty now report to the medical section of the Queen's Building, whilst staff of concessionnaires, by arrangement, attend at the B.O.A.C. Passenger Reception Medical Unit located in the South Office Block of Passenger Building No. 3. Invalid passengers after arrival are taken by ambulance to the wards of the Queen's Building to await onward transport.

After six months experience of the new building, it is now clear that there are several unsatisfactory features about the accommodation. In the first place, although there is a medical officer on duty in the building, he is unable to be of any practical assistance to passengers in transit who may require treatment between arriving on one aircraft and departing by another from the same building. Such passengers, even had they sufficient time at their disposal, object to having to go nearly three quarters of a mile to obtain treatment in the Queen's Building.

The one room in the unit provided for the medical officer's use serves a multi-purpose function. It is the senior medical officer's office as well as his consulting room and it is the only room where inoculations can be carried out. If the senior medical officer happens to be attending to correspondence, there is no other room for a colleague to carry out his duties under the Aliens Order and the Commonwealth Immigrants Act.

The isolation room on the ground floor has not yet been used, fortunately perhaps, as there is still no internal staircase communicating with the remainder of the accommodation.

Towards the end of the year, the alterations to the Immigration Department in No. 1 passenger building were started and with these, the demolition of the "airside" of the health control unit accommodation. The work is scheduled to be completed by March, 1963, when alternative accommodation will replace the rooms which have been demolished. The effect of these alterations will no doubt be a quicker processing of arriving passengers through the immigration hall, but at the same time it will result in the health control accommodation becoming even more strung out and disassociated than it is already; what is more, it will mean that there will be a general public thoroughfare right through the middle of the unit—an unsatisfactory situation with the surgery at one end of the corridor and on one side of the public thoroughfare, whilst two of the rest rooms are on the other side and at the other end of the corridor.

The health control check point remains on the airside gallery of the Queen's Building, remote from the unit's base in channels 9 and 10, but it must be remembered that in this building, only few flights are subject to health control.



*Medical Services.*—The number of passengers and visitors treated for sickness or injury at the Sick Bays in the Central Terminal, the Queen's Building (and the North Terminal until it closed down on 31st May) was 1,129. This is a slight decrease from the previous year; a possible reason for this is the fact that as there is no treatment centre in passenger building No. 3, visitors and passengers requiring treatment in this building go to the Passenger Reception Medical Unit of B.O.A.C. in the South Office Block.

A similar decline is seen in the attendance of sick staff. In 1961, 4,016 staff received treatment, whilst in 1962, the figure was 2,983.

*Ambulance Cases.*—Invalids requiring transport arrangements by ambulance or by ambulance/car during the year totalled 1,560 a decrease of 332 over the previous years, and of 76 over 1960.

The following statistics relate to cases transported in 1962:—

(a) National health service transport .. .. .	770
(b) Private ambulances .. .. .	320
(c) Private cars .. .. .	240
(d) Service transport .. .. .	230

In addition to the above, 1,924 calls were made upon the Ministry of Aviation ambulances at the airport by the port health staff. These ambulances were also called for accidents within and around the airport on 228 occasions.

*Mental Illness.*—In 1962, 146 cases of mental illness were dealt with at the airport—a slight decrease from 1961. The mental welfare officers were notified as a routine on each occasion that prior advice had been received about these patients. It proved necessary to call upon the mental welfare officers only on 46 occasions for their services.

*Medical Examination of Aircrews.*—Two medical officers continue to be employed full-time throughout the year in routine examination of aircrew and air traffic control officers and their assistants.

Ministry of Aviation and Air Ministry Works Directorate staff were also examined on first appointment.

	1962	1961	1960	1959
Aircrew examined .. .. .	2,715	2,752	2,675	2,701
A.T.C.O.s examined .. .. .	345	362	297	621
M.O.A. and A.M.W.D. personnel ..	211	474	601	

The fall in the number of Ministry of Aviation and Air Ministry Works Directorate staff examined, 211 as against 474 in 1961, is associated with the take-over of the apron services by B.E.A. in April. There is little variation over the year in the number of Air Ministry Works Directorate staff referred for medical examination, but during the months of May to August inclusive, there is a seasonal recruitment by the Ministry of Aviation of loaders, loader/drivers and general labourers.

*Medical Inspection of Aliens.*—The provisions of the Aliens Order 1953, were administered as in previous years. Seventy-eight aliens were referred to the medical inspectors by the immigration authorities for advice as to whether they should be given permission to land or refused entry. In most cases, doubt



existed regarding the nature and character of their illness whilst in other cases no satisfactory arrangements had been made for their disposal or the passenger had insufficient funds to meet the cost of treatment and hospitalisation. Thirteen of those so referred were refused landing on medical grounds; of these, ten were suffering from mental disorder of some kind, one was in an advanced state of pregnancy, another unable to support himself as a result of paralytic poliomyelitis, whilst the other was suspected of arriving for surgical treatment for which he was unable to pay.

1,316 aliens were referred for routine medical inspection following issue to them of Ministry of Labour permits. This is a considerable increase over the 246 persons so referred in 1961.

*Commonwealth Immigrants Act, 1962.*—This Act came into operation on 1st July and in accordance with the provisions of the Act, certain categories of Commonwealth passengers are referred to the medical inspectors by the immigration authorities for examination. These categories include those in possession of employment vouchers, those who are coming for settlement (not being returning residents and not being wives or children of residents or of voucher holders) those who mention health or the prospect of medical treatment as among the reasons for their visit and those who appear not to be in good health or appear to be, or are, suspected of being mentally or physically abnormal.

Between 1st July and 31st December, 1962, 2,462 Commonwealth passengers were examined by the medical inspectors at the Airport. India (451), West Africa, (mainly Nigeria) (434) and Pakistan (408) supplied the greatest number of immigrants for examination. The Far East (304) and the West Indies (269) followed; of the remaining territories, 182 immigrants were seen from Malta, and 122 from Cyprus. Only four Commonwealth citizens were recommended for refusal. Two were suffering from a mental disorder; one from a venereal disease, and the other from an unspecified lung condition.

There was a general air of uncertainty as to the extent of the problem which would confront the authorities—the immigration officers, the medical inspectors and the customs staff—on 1st July, and certain advance precautions had already been taken. Extra medical inspectors, additional clerk/receptionists, and additional equipment were obtained in case the airport received immigrant charter flights. In fact, the operative day passed off very quietly in so far as the Commonwealth Immigrants Act was concerned, and only seven Commonwealth passengers had to be referred to the medical inspector; more dramatic, however, on this day was the attempted suicide, whilst in flight, of Dr. Soblen, his subsequent arrival at the airport and the emergency dash of the ambulance to Hillingdon Hospital.

*Smallpox.*—It was on 28th December, 1961, that the Ministry of Health notified the airport that a passenger from Pakistan, who had arrived at the airport on Christmas Day, had subsequently developed smallpox. There was at the time an epidemic of smallpox in Karachi and a large influx of Pakistani nationals arriving in the United Kingdom, many of whom arrived by air at London. Following this first notification, four other Pakistanis arrived at the airport in the next few weeks incubating the disease and subsequently developed

it. The repercussions were widespread and London Airport had its share of attention from the national press.

Vaccination clinics were established at different points, and with assistance provided by the County Council's central office and area medical staff, nearly 7,000 persons received protection. These included passengers, visitors and airport staff who were at risk.

Various other measures were introduced. Names and addresses of all passengers starting their journey in Pakistan and completing it at London were notified to the medical officers of health of the destination areas. As already mentioned, too much reliance could not be placed upon the validity of the international vaccination certificates against smallpox which were issued in Pakistan and clinical inspection supplemented certificate scrutiny. Those whose vaccinal state was doubtful were vaccinated or re-vaccinated, and if there was no evidence of a primary scar of vaccination, they were placed under surveillance in hospital. Two hospitals were ear-marked for this purpose. Denton Hospital, Gravesend, was soon filled to capacity and thereafter the Eastern Hospital, Hackney came into use. Altogether ninety-six Pakistani passengers were isolated from London Airport in this way until judged to be out of quarantine.

These measures were, of course, not confined only to Pakistani passengers. All passengers of whatever nationality who disembarked at London, having started their journey in Pakistan or having spent one night in that country during the preceding fourteen days, were inspected for vaccination scars. This procedure inevitably led not only to delays in processing the flights through the various controls on arrival but proved an unpopular measure both with the airlines and also with those passengers who were not of Pakistan nationality. Later when the outbreak spread from Pakistan to India, the measures were extended to cover also all flights from India.

Brief mention has already been made earlier of one other measure brought in to draw the net still tighter. This was the arrangement with the immigration authorities who undertook to refer back to health control all passengers, whose passports indicated that they had been in Pakistan at any time during the fortnight previously, and who arrived at London Airport by a flight not normally subject to health control. By this means it was possible to examine all passengers from Pakistan who had, for example, changed aircraft at Rome, Frankfurt, Geneva, Beirut, Cairo or other cities before flying on to London.

Language difficulties presented several problems and although an interpreter was provided by the Pakistan High Commissioner's Office, this was not entirely the solution. It proved impossible to explain to the unfortunate Pakistani who could show no evidence of primary vaccination what was to become of him, where he was to be sent and why he was being isolated, and the appearance of the special smallpox ambulance with its crew completely clothed in white from head to foot was often enough to upset the most equable Pakistani. Eventually, explanatory recordings were made in the various Pakistan languages and these were played over in the hope that the message got through.

*Fatalities.*—During the year eight deaths took place at London Airport. One, a child, died from asphyxia having had his arm caught in a conveyor belt system used for the transport of baggage. A man employed in the post office



at the airport had a fatal coronary thrombosis as he was about to board a bus. Another fatality was a visitor who had driven his car from Bristol to the airport only to succumb to a coronary thrombosis shortly after arrival. The remaining five persons were passengers who had either just arrived or who were just preparing to leave the airport. Only one of these five travelled as an invalid and he was a man who had been seriously attacked by a swarm of bees in Tanganyika; he was very seriously ill during the flight and he died just after landing at the Airport.

*Events of Interest.*—The National Blood Transfusion Service visited the airport in February and again in September and on both occasions accommodation for this service was arranged by the Health Control Unit.

The North West Metropolitan Regional Hospital Board X-ray Unit visited the airport in April and October continuing the survey into lung cancer occurring in males over forty years of age and its association with smoking.

*Educational.*—The Senior Medical Officer attended the Annual Congress of the Royal Society of Health which was held at Scarborough during April. In June, he attended the Annual Meeting of the Association of Sea and Air Port Health Authorities at Gloucester. In July, he attended a lecture on “Smallpox” given to the Royal Society of Health, while in October he was one of the delegates at the meeting of the Group of Experts—Public Health Committee—Council of Europe, which took place in Rome.

*Visitors.*—London Airport continues to attract visitors from overseas and, as before, officials employed in foreign public health administrations were shown the procedure of health control.

Overseas visitors came from Ghana, Iran, Singapore, Athens, Accra, Mauritius, Frankfurt, Gothenburg whilst visitors from this country included medical officers of health, Army health specialists and a party of public health inspectors.

## BLIND PERSONS

During the year 589 reports on form B.D.8 were received in respect of new cases for consideration of their admission to the register of blind or partially sighted persons. In addition 234 reports on old cases or persons transferred from other areas were reviewed.

The classification and follow-up of persons on the register of blind or partially sighted persons during 1962 is given in Table 39 on page 119.

The Chief Welfare Officer arranged for home teachers for the blind to visit all registered persons and follow-up on the treatment and advice recommended by ophthalmic surgeons. There is very good co-operation between the officers of the County Council and hospital authorities on the follow-up of patients.

## NATIONAL HEALTH SERVICE ACTS

### Section 22

#### CARE OF MOTHERS AND YOUNG CHILDREN

##### *Clinic Attendances*

*Ante-Natal and Post-Natal Sessions.*—During the year, 20,086 ante-natal patients made 93,481 attendances, and 2,909 patients made 3,187 visits to post-natal clinic sessions. There was a decrease of 953 ante-natal patients from the previous year, but this is due to the fact that a greater number of general practitioners are giving ante-natal care in their surgeries, and as has been said elsewhere in this report, many of the County Council's midwives attend general practitioners' ante-natal sessions in order to see the patients booked for home confinements. This closer working together must be to the patient's advantage.

*Child Welfare Sessions.*—There was a decrease in the number of children brought to welfare sessions from 95,837 in 1961 to 94,878, a difference of 959. The lower figures were found in the children between the ages of 3 and 5 years. This would have given cause for disquiet if the numbers had fallen in the first attendances under one year, and the one to two year age groups; these had in fact increased over the 1961 levels which was as it should be since there were 2,009 more live births in the county. More and more family doctors run their own child welfare sessions.

*Clinics.*—Four new purpose-built clinics were opened during the year—the Central Clinic, Plevna Road, Edmonton, replacing Brookfield House Clinic; Cecil Park Clinic, Pinner, replacing Love Lane Clinic; Harefield Clinic, Park Lane, Harefield, replacing clinic sessions at St. Mary's Hall. The fourth was Claremont Clinic, a prefabricated but durable wooden building on the site of a former day nursery which had become unusable.

The two mobile clinics in Areas 8 and 10 continue to give most useful service in the parts of the areas distant from clinic premises.

*Welfare Foods, Vitamin Supplements and Medicaments.*—Ministry of Health Circular 13/62 dated 5th July, 1962, authorised the making of charges for medicaments, including vitamin supplements under Section 22 of the National Health Service Act.

The circular pointed out that statutory charges are now made for medicine on prescription, and persons receiving National Assistance may have these amounts refunded. Similarly vitamin supplements under Welfare Foods Order are now sold at cost price. There is no statutory power enabling the National Assistance Board to refund charges made for medicaments supplied by local health authorities.

The issue of medicaments in clinics is limited as a rule to an initial supply, after which, if further supplies are needed, the patient must obtain them from the general practitioner. The exception to this is iron tablets, which are frequently given throughout pregnancy.

With the small amounts of money involved in each issue it was considered likely to prove too costly to recover charges, and at the close of the year, it was decided to seek the approval of the County Council to allow the issue of medicaments free of charge, except for iron tablets, for which a charge of two shillings



for the supply throughout a pregnancy is proposed. This, it is suggested, may be waived at the area medical officers' discretion where the charge would cause hardship.

In March, 1962, the County Council agreed that area medical officers should be authorised to approve issues of baby foods, vitamin preparations, and birth control appliances in appropriate cases at half the standard price or free of charge.

*Day Nurseries.*—The total number of day nurseries in the county has remained the same, but two new buildings replaced older premises. One opened in September was in Danesbury Road, Feltham, Area 10, the other the William Dunbar Nursery, replaces the one in a very old house in Chichester Road, Willesden, Area 6. Both the new nurseries are of attractive modern design, light and airy, with good facilities both for children and staff. It is hoped that in due course they will be approved for the training of students.

*Training of Nursery Nurses.*—Three additional nurseries in Areas 4, 5 and 9 were approved as training nurseries by the Minister of Health during the year. Students attend for theoretical training at Chiswick Polytechnic and Tottenham Technical College and take the examination of the Nursery Nurses Examination Board.

In September, a pilot college-based training course also for the N.N.E.B. examination, was started with a small group of six students at Tottenham. The original intention was that the students attending this course would spend three days in college and two in practical training in nurseries. This was not permitted, however, by the Nursery Nurses Examination Board so that the wider educational basis of the course has had to be modified. These students are not employed in the Health department, but rank as full-time students, a grant being paid by the Education Authority. It is too early to forecast what the future of such courses will be.

A refresher course was held at Chiswick Polytechnic in March for nursery wardens, at which nine of the Council's wardens attended.

*Handicapped Children in Day Nurseries.*—There have been 19 admissions of children under the scheme for free admission in the categories of deaf or partially deaf, and children of deaf and dumb mothers, so that they may have the advantage of being in a speaking community in the important early years while they are learning to communicate.

In addition, two children showing signs of early maladjustment were allotted free places under the scheme.

Sixteen handicapped children whose disabilities did not come within the provision for free admission were placed in nurseries by the usual procedure. They included mongol and backward children, one with speech difficulties, and one or two spastic children.

*Nurseries and Child Minders Regulation Act.*—There was a marked increase in the number of premises registered as private day nurseries under the County Council, the number being 76 compared with 61 the previous year; one is a factory nursery. The number of registered child minders also increased from 124 to 144, providing places for 1,550 (1,349 in 1961). Some enquiries were made into the facilities offered by these day nurseries and child minders, in

connection with the shortage of places in some of the Council's day nurseries. The majority, however, cater for morning groups of children, and are used more by mothers wishing to arrange for them to have organised occupation and company, rather than to have them cared for while they, themselves, are at work all day.

A very real problem exists in the provision which mothers make for their children to be minded while they are at work. For the children of women who are the sole supporters of their families, and must earn, priority places are nearly always available in the Council's day nurseries. The number of these mothers is considerable, partly due to the high illegitimacy rate, but it includes widows and deserted wives. There is also a large group of women who do full-time work, and a proportion who are pursuing various courses of professional studies after marriage. Many place their children with daily minders who are not known to the authority. These minders take only one or two children, and do not therefore need to be registered under the Nurseries and Child Minders Regulation Act. The standards of care vary greatly, since there is no supervision or control over them. In a study published recently on working mothers and their children, the majority of these arrangements were found to be stable, and without evidence of frequent changes. It was also found in this study that nearly one-third of pre-school children were looked after by their grandmothers, probably a more satisfactory solution than sending them to strangers.

Reports show that immigrant West Indian mothers, the largest number of whom are in the Willesden area, change their own addresses and the daily minders for their children frequently, and are therefore very difficult for health visitors to trace. The injurious effect on the emotional, as well as the physical development of these children, is marked. The high cost of the parents' accommodation often takes an undue proportion of their wages, and the wife may need to work to make ends meet. She cannot afford to pay enough to a daily minder who will maintain a high standard of care, and the result is that the child receives poor attention from an unsuitable one. There is a shortage even of unregistered daily minders, and immigrants are known to send their children away, sometimes long distances to foster parents, and visit them only at intervals. The effect of this on the child is highly undesirable, as he grows up without close contact with his parents.

*Child Minder Register.*—In Health Area No. 3 only, the County Council has a register of daily minders who receive a retaining fee, under Section 22 of the National Health Service Act. The number on the register at the end of the year was 96, and they cared for 118 children. This compared with 103 daily minders and 114 children in 1961; nevertheless, the register is regarded as a satisfactory and very useful scheme.

Voluntary registration of this kind helps to control the situation of the daily minder of one or two children. Some supervision of the conditions in her home is possible, and a watch can be kept on the children's health. Enquiring mothers can be directed to persons on the registered list. The use of a similar scheme in other parts of the county which have this problem is having serious consideration.



*Family Planning Association Clinics.*—The number of clinics in the County Council's premises staffed and run by branches of the Family Planning Association was 21. Patients in need of advice for medical reasons are referred by medical officers on the County Council's staff.

*Care of the Unsupported Mother and her Child.*—The County Council's three special service almoners have continued as in past years to receive applications from a number of sources to make arrangements for the care of unsupported mothers for many of whom places in homes other than the four run by the County Council have to be found. The subsequent placing of babies for adoption, with foster parents, or in the care of the Children's Department, together with the assistance given to mothers in finding accommodation and employment to enable them to make the best possible return to a satisfactory way of life, is an exacting and time-consuming work.

513 expectant mothers were placed in the County Council's homes, and 449 of which 26 were post-natal admissions, were placed in other homes. There were 5 homeless married women placed in the Council's Homes referred by the Welfare Department. This was only a proportion of the applications received, as there was often no accommodation available.

The average length of ante-natal stay showed a very slight decrease except in one home. The average post-natal stay was a little longer in three of the homes. It is considered that the reason for this is the difficulty of finding both places for the babies, and the employment for the coloured immigrant mothers. Both employment and accommodation for immigrant mothers with babies is extremely hard to find.

*Amherst Lodge Extension.*—The annual report for 1961 referred to a structural alteration whereby a former dormitory was to be converted into a much needed nursery for changing and bathing the babies. A new dormitory accommodating five mothers was built out beyond the nursery. The extension was completed in August. It provides two welcome extra places, without any increase of staff.

*Very Young Unsupported Mothers.*—The number of expectant mothers 15 years old or under who were given assistance was 77, a considerable increase over the number of 58 in 1961. This increase is alarming. It may be partly accounted for by the larger number of births which occurred in 1946 and 1947 resulting in a larger number in this age group than in recent years. This is clearly not the whole answer. There are probably many contributory factors. Among the more important is the earlier maturing of the girls and boys of the present time. The stimuli which they receive on all sides from films, magazines and advertisements over-emphasising the glamour connected with relationships with the opposite sex makes them feel that they are missing their opportunities, and will be regarded as inferior or dull by their friends if they are not carrying on an affair before they leave school. Combined with this is an inadequate amount of education about their physical and emotional growing up. The right place for this is in their homes; unfortunately, it is often neglected. It is a poor second best that it should be entirely taught at school, though as a supplement to teaching at home it is invaluable. Even at school there is not always the time, nor the right approach to make it an adequate preparation for the very

early age at which society outside school treats teenagers as adults. Health visitors are making a contribution to this part of education in some schools where their help is enlisted. It is small wonder that, where inadequate guidance is given to girls and boys in their early teens about the responsibilities which go with freedom of actions in their leisure and friendships, they lack restraint at heavy cost of later unhappiness to themselves, their parents, and the illegitimate child.

*Survey of Babies affected by Thalidomide given during their Mothers' Pregnancies.*—

At the urgent insistence of the Minister of Health in May, steps were taken to ensure that women of childbearing age who might have had thalidomide ("Distaval") prescribed for them, were warned not to take the tablets under any circumstances. The drug had been withdrawn from the British market in December, 1961, as it was known to have caused severe abnormalities in babies when taken by the mother in the early months of pregnancy. The Minister also asked that any help possible should be given to general practitioners in tracing and following up their patients for this purpose.

In July, a second letter was received from the Minister asking Local Health Authorities to instruct their staffs to be on the look-out for any babies with congenital abnormalities, particularly limb defects, whose parents, possibly because of distressing family problems, had not sought medical advice.

In August, the Minister of Health also requested a detailed analysis of all babies born in 1960, 1961 and up to 31st August, 1962, with deformities of limbs with and without other defects to be sent to him on a prescribed form.

In Middlesex, a total number of 26 forms was returned to the Minister in October. Two of these concerned children whose defects did not come within the terms of reference, nor had thalidomide been taken by the mother. Of the remainder, 8 mothers were known to have taken thalidomide, one other mother might have had it prescribed. In 15, there was no indication that it had been taken. 15 children had limb deformities; only 6 had limb and other deformities. In 3 cases, there were defects other than limb deformities in cases where thalidomide had been taken.

In order to compare the number of babies in the analysis with those born with congenital deformities in years before the drug thalidomide was marketed, area medical officers were asked to trace through their records, children born in the years 1955 and 1956. The time over which this analysis extended was 24 months, whereas the original survey took in children born between 1st January, 1960, and 31st August, 1962; that is 32 months—nevertheless a reasonable comparison could be made. In 1955-56 there were 10 children with limb deformities and 2 with limb and other deformities making a total of 12 cases in 24 months or .5 cases per month, whilst in 1960-62 the corresponding figures were 15 and 6 making a total of 21 cases in 32 months or .66 cases per month over the period when thalidomide was being prescribed.

*"At Risk" Register.*—A register of all babies born within the county who need to be kept under observation until it is established that they are not suffering from any overt or potential abnormality, such as loss of hearing, squint or neurological defect was started in 1961. During 1962 however, further steps have been taken to obtain the co-operation of general practitioners



and hospital obstetricians in the use of a standard form setting out in some detail the circumstances by reason of which the child's inclusion on the register is necessary. The standard form was accepted for use with some reservations, as it was considered by hospitals to be too long and too time-consuming to complete. The use of a shorter and simpler form is receiving consideration.

It was also decided that as, particularly in its early stages, the keeping of the "At Risk" register would need close scrutiny to ensure its reliability, a small working party should be set up with appropriate representatives to assess its progress, and receive reports concerning its defects or suggestions for improvement.

#### DENTAL CARE

The following report on the operation of the priority dental service has been submitted by the Chief Dental Officer, Mr. K. C. B. Webster, L.D.S.R.C.S.:—

"Dental care for expectant and nursing mothers and children under school age continued on the same basis as in previous years. Medical officers and health visitors arrange for dental inspection where there is reason to suspect dental defects in patients attending ante-natal clinics and welfare centres. Systematic dental inspections are, however, carried out in an increasing proportion of day nurseries.

"The number of expectant and nursing mothers receiving dental inspection was practically the same as in 1961 at 1,747, the number requiring treatment being 1,629. There were 38,437 live babies born in Middlesex in 1962, and it is therefore apparent that the dental clinics deal with a small proportion only of expectant and nursing mothers eligible for dental care under the priority dental scheme. Many expectant and nursing mothers attend their own dentists under the National Health Service, but there may well be a number who do not receive regular dental supervision, but whose condition is unknown to county staff. Dental health during pregnancy and lactation is an important feature in ante-natal and post-natal supervision and, in general, this appears to be well recognised amongst young married people in Middlesex.

"With regard to pre-school children, a considerable number do not appear to receive regular inspection and treatment from any agency, and Area Dental Officers are paying increasing attention to this group. Dental disease is cumulative, and it is important for parents of young children to realise that regular inspection followed by minor treatment prevents the accumulation of numerous bad teeth. Introduction to the dental surgeon at an early age for extraction, perhaps under a general anaesthetic, is hardly the way to instil in the minds of youngsters that a dental surgeon is a friend whose aim it is to help little children to look after their teeth.

"Staffing improved during 1962, although great reliance on part-time dental officers continues to be a feature of the service. The total number

of dental officers, as full-time equivalent, was 77 at the end of 1962 compared with 68 on December 31st 1961, approximately 10 per cent. of their time being occupied with the priority group. The actual number of sessions allocated to work for this group was 66 less than in 1961, or .8 sessions less for each dental officer on the staff for the whole year.

“ With the increase in staff, the resources of the School Dental Service for routine dental inspection were extended during the year to pupils attending Junior Training Schools set up by the County Council as part of its Community Care Scheme under the Mental Health Act, 1959.

“ In the early autumn three dental auxiliaries, trained at the School for Dental Auxiliaries, New Cross, were appointed, one in each of Areas 3, 6 and 9, respectively, under the experimental scheme of the General Dental Council. From the outset these dental auxiliaries have been encouraged to concentrate their time on young children, particularly toddlers. Small children under five years of age naturally need much patience in introduction to dental care, and ample time and quiet to settle themselves to new people and strange surroundings. Dental clinics are busy places with dental officers usually concentrated on intricate operative work, and it has been found, particularly at Bath Road Clinic, Hounslow, that a dental auxiliary can play a useful part in the time consuming exercise of persuading young children to accept dental treatment without undue disturbance. Results in either speed or statistical returns cannot be expected to be impressive, but their use should prove a valuable contribution to dental health in the long run. A number of parents have expressed appreciation of a dental service in which time and patience with toddlers is specially arranged.

“ A landmark in preventive dentistry occurred during 1962 with the publication of the reports on fluoridation of water supplies from the study areas of Anglesey, Kilmarnock, and Watford. Dental disease is undoubtedly the most prevalent of all defects in this country, and the limits of scientific knowledge have restricted preventive measures in the past to efforts to teach individuals the principles of dental hygiene. Observations, which commenced many years ago in places where the water supply contained a percentage of fluorides of one part per million or more, confirmed that the incidence of dental decay was substantially less than where the fluoride content was very low, and this was followed over the years by long and intensive investigations. Practical measures for the artificial fluoridation of water supplies to reduce the incidence of dental decay were instituted in North America several years ago, and from this pioneer work, studies in selected areas of Great Britain followed. The results in Anglesey, Kilmarnock and Watford, have been very impressive, and have followed closely the findings in other countries. Five years of fluoridation of water supplies in the three study areas produced a reduction in the incidence of dental decay of 66 per cent. in 3-year old children, 57 per cent. at 4 years and 50 per cent. at 5 years. No evidence of harm from fluoridation was discerned in the study areas, despite continuous vigilance, and the addition of fluoride to water supplies at a specified level presented no technical difficulties.

“ Following the publication of the report, the County Council requested the County Councils' Association to ask the Government to institute



fluoridation of water supplies generally for the promotion of dental health, and the Minister of Health, at the end of the year, stated he was prepared to authorise local Health Authorities making agreements with water undertakers for this purpose under Section 28 of the National Health Services Act; the cost per head of population is estimated at 10d. per annum, although this may well decrease as fluoridation becomes more general.

“Middlesex, however, shares water supplies with adjacent local health authorities, and it will be necessary in 1963 to obtain a common policy in the London and Home Counties area because sections of a water supply cannot receive fluoridation. Experience in other countries that this measure engenders strong emotional feelings amongst some members of the public has been repeated in the British Isles, and the Minister's decision has been followed by opposition from a section of the public in this country. In general, the opponents of fluoridation of water supplies attack the measure on grounds of danger to health, and infringement of the liberty of the subject. The only pure water in existence is distilled water, which is very unpalatable. Drinking water receives treatment by a number of chemicals to render it fit for domestic use, and in some parts of England iodine is introduced for the prevention of goitre. Fluorides are present in all water in an ionized state, and in some districts they are present naturally to an extent of more than one part per million. Generations of people have drunk this water locally without harm to health or well being, and it is therefore surprising that opponents of artificial fluoridation express concern over the long term effects on general health. It is to be hoped that coming generations will experience the benefits which fluoridation confers, and that as a result, more and more youngsters will be found to have teeth free from dental disease and defects. It has been previously mentioned that dental disease is cumulative, and fluoridation can, in its turn, be cumulative in its benefits.

“A word of warning is, however, necessary. The institution of fluoridation of water supplies does not mean that children and young people can thereafter indulge in eating and drinking of sweet and sticky substances with impunity. Carbohydrate fermentation causes dental decay, and perpetuation of present national habits of over-indulgence in such things, particularly between meals and last thing at night, would, at best, merely create a stalemate in caries experience. Substantial improvements in the public health field have invariably been effected by attack on diseases on a wide front, and education in dental hygiene must be intensified, in concert with water fluoridation.

“Joint Circular 8/62 (Ministry of Education) 20/62 (Ministry of Health) was issued to Local Education and Health Authorities during 1962, and contained a request to each Authority to review its dental services. Such a review is a major operation in a county of the size of Middlesex, but it will be completed in 1963.

“Amongst distinguished visitors to County dental establishments during the year were Dr. Aly Noshi, Chief Dental Surgeon to the Ministry of Health of Egypt, J. P. Dodds, Esq., C.B., Under-Secretary, Ministry

of Health, and Admiral W. Holgate, C.B., O.B.E., Chief Dental Officer, Ministry of Health."

## Section 23

### MIDWIFERY

The number of deliveries attended by the County Council's domiciliary midwives showed an increase of 752 over those in 1961. The number of midwives in employment at the end of the year, excluding supervisory staff, was the equivalent of 140·4 whole-time staff, as against 135·3 at the end of 1961. This increase of approximately five midwives is well below that needed to deal adequately with the increased number of deliveries. The average case load of each midwife in the County was 67·8. In 1961, the average was 66 cases. Pressure of work in this service has been very heavy indeed, as in addition to the increase in the number of home confinements, many patients were discharged to the care of domiciliary midwives following confinement in hospital before the tenth day of the puerperium, because of shortage of hospital beds.

Recruitment of midwives is still very difficult, despite the introduction in several areas of a rota system for night calls, which ensures that each midwife knows well in advance when she will be free from night calls, also an increase in salary, and generous leave periods. In one area towards the end of the year, in addition to a night rota of midwives, an experimental arrangement was made, whereby all night midwifery calls from 6.00 p.m. to 6.00 a.m. are routed through the ambulance control, the staff of which has an up-to-date list of those midwives on duty. So far this arrangement has worked well, so that midwives are no longer disturbed by telephone calls when they are off duty at night. Every effort is made to assist midwives coming into the County Council's service to obtain good housing accommodation. It may well be that the pace of work during midwifery training, with the present rapid turnover of patients contributes to a not inconsiderable extent to the apparent lack of desire in many midwives to continue to practise once the "state certified midwife" qualification is obtained.

In May the County Council approved the granting of paid leave to nurses and midwives acting as examiners for the General Nursing Council and the Central Midwives Board.

*Liaison with Hospital Maternity Services.*—Liaison is reported in most areas as being very satisfactory with the hospitals ; in one case it is said to be better with the neighbouring hospitals than with those in central London where a small proportion of Middlesex patients are confined. The area medical officer or his senior assistant medical officer, and the superintendent midwife attend meetings of maternity liaison committees at appropriate hospitals, and where these are convened fairly regularly, they have proved to be valuable in discussing and working out solutions to current problems.

*Ante-Natal Co-operation Card.*—It is most important that information concerning an expectant mother, should be available to any doctor or midwife who may have a part in her ante-natal care. A woman who is booked for home confinement, for example, may attend her family doctor's surgery at regular intervals, she may be referred by him to a local authority mothercraft relaxation class. The midwife who will attend her confinement in addition



to seeing her with the doctor, makes periodic visits to her home. The woman may be referred for a consultant's opinion at a hospital at some stage of the pregnancy. All these persons need to have as much information about her as possible. Therefore, a co-operation card which she takes with her to any appointment and keeps at her home is highly desirable. A card for this purpose is in use in several districts of the County. It is one part of a comprehensive system of liaison between the three parts of the maternity service, which, if it is to function smoothly and errors and omissions resulting in harm to the mother or baby are to be avoided, should be closely linked in every possible way.

*Early discharges.*—During the year, 1,852 mothers were discharged from hospital early, that is, before the tenth day following their confinement. The reason for this was a shortage of maternity beds in hospitals. In ideal conditions this early discharge would not be a recommended method of care—but in present circumstances it is sometimes unavoidable. The selection of women booked for hospital confinement is still unsatisfactory, leaving too few places for those in need of beds because their homes are unsuitable. These women unfortunately are often those who do not seek advice in good time. While the shortage of hospital beds persists, one way of trying to ensure that mothers do not return home to poor conditions to be nursed, is to have a certain number of bookings for hospital beds, where the obstetrician and the local authority are agreed at the time of booking that provided the mothers and babies are well, and conditions are suitable for them to return home after 48 hours, they may do so. They are nursed by a domiciliary midwife, who is specially appointed for this work. She undertakes ante-natal visits to the homes of her patients, and also sees them with their family doctor, so they are known to her during their pregnancies.

A scheme such as this is in operation in one area in Middlesex, and has been found to work well. Others are under consideration. It is preferable to an indiscriminate discharge of mothers, who, because they expected to remain in hospital for the full puerperium, have made no arrangements for help at home, and indeed their homes may be very unsuitable for the nursing period. The scheme also allows a small increase in the use of beds available in hospital, and thus helps to decrease the number of women who need to be admitted to hospital under the Emergency Bed Scheme, a most unsatisfactory course which is causing great concern to all those responsible for the maternity services.

*Midwives Attending Doctors' Surgeries.*—It is becoming a usual pattern in most areas for midwives to attend ante-natal clinics in doctors' surgeries, to see their patients. This affords a valuable opportunity for both midwife and doctor to discuss the patient's condition.

*Training of Pupil Midwives.*—One hundred and fifty-eight pupil midwives working in Middlesex completed Part II of their training for the S.C.M. examination during the year; this was an average of almost forty each quarter of the year. They were drawn from four hospitals and were supervised in their practical training by fifty-nine midwife teachers among the Council's midwifery staff.

*Refresher Courses.*—Thirty-eight midwives attended refresher courses under the rules of the Central Midwives Board.

Two supervisors of midwives attended an obligatory refresher course in April.

*Regional Obstetric Survey.*—In October, a survey was begun in the parts of the County served by hospitals under the North West Metropolitan Regional Hospital Board of four categories of maternity patients. It is hoped that this survey which is under the direction of Mr. R. G. Law, Consultant Obstetrician at the Whittington Hospital, will provide information which will be of value in planning improvements both in the hospital and domiciliary maternity services. Information will be collected over at least one year. Questionnaires are completed by the domiciliary midwife or the general practitioner in charge of the patient, and returned to the director of the survey for analysis.

*Premature Births.*—The actual number of premature births in the County in 1962 was 2,784, an increase of 160 over the previous year, but only 406, about 14·6 per cent. of these were born at home. Every effort is made to ensure that wherever a premature birth is expected the mother is admitted to hospital where complications may be dealt with immediately, and special treatment is readily available.

*Portable Incubators.*—Ten portable incubators designed for the transport of small or sick infants under good conditions of warmth and humidity, with the addition of oxygen, if required, are maintained constantly at the correct temperature at ambulance depots. There were 48 calls for them during the year, of these 43 were for premature babies, 3 for sick children and in 2 cases they were not used.

The following instance of the timely use of a portable incubator is reported—on one occasion, a general practitioner, during his morning surgery, telephoned the superintendent of one of the ambulance depots asking if oxygen could be supplied while an extremely ill young baby was transported to hospital. The superintendent suggested the use of a portable incubator which was immediately sent in an ambulance to the surgery. Later, the general practitioner informed the superintendent that the use of the incubator had probably saved the baby's life. It is hoped that the use of these valuable machines will increase, as general practitioners have been told of their availability.

On the advice of paediatricians in Middlesex hospitals the maintenance temperature of the incubators was raised from 80° to between 85°–90° fahrenheit.

## Section 24

### HEALTH VISITING

The scope of the work of health visitors has widened to a marked extent over the past few years. In addition to their responsibilities with patients returning to their homes from hospitals, including mental hospitals, they have a large part to play in fostering closer links between preventive health measures and the therapeutic treatment provided by general practitioners.

The approval given by the County Council to the appointment of deputy superintendent health visitors in 1961 has been of great assistance to the work in areas where these posts had been discontinued. There is a great deal of



administration involved in the superintendents' work, not least in arranging the programmes of an increasing number of students. If she is able to delegate some of these tasks to her deputy she has more time for the essential one of giving help and guidance to members of her staff in the problems arising in the course of their work.

The County Council's health visitors are engaged on the joint duties of health visitor/school nurses with the exception of two in Area 3 who are engaged whole time on problem families. The allocation of time between the two services is in the ratio of approximately six to one. Owing to difficulty in recruitment there is a shortage of qualified health visitors and to offset this shortage clinic nurses are used to relieve the qualified health visitor/school nurses of some routine duties. The County Council has authorised the employment of 360 health visitor/school nurses but at the end of the year only 266 were in post, 5 less than at the end of the previous year. They were assisted by the equivalent of 62 whole time clinic nurses.

The number of students in training at Chiswick Polytechnic during 1962 was 22, 9 of whom were sponsored by the County Health Department, and remained on the staff after qualifying in September.

In addition to the students in training at Chiswick, 21 students from Battersea Polytechnic, and 8 from the Royal College of Nursing have received their practical training in Middlesex, under the direction of the superintendent health visitors.

*The Health Visitors and Social Work (Training) Act, 1962.*—This Act which became operative on 1st October of this year constituted a major change in the placing of responsibility for health visitor training by the formation of a Council for the Training of Health Visitors. The Council is under the Chairmanship of Sir John Wolfenden and its first meeting was held during October.

The Act provides that the Training Council:—

(a) shall promote the training of health visitors by seeking to secure suitable facilities for the training of persons intending to become health visitors, by approving courses, and seeking to attract persons to them;

(b) if it appears that there is inadequate provision, shall provide or secure some further provision;

(c) may conduct or make arrangements for the conduct of examinations in connection with the above courses;

(d) may carry out or assist other persons in carrying out research relevant to training. An approval under paragraph (a) shall be given by the Council in accordance with the rules made by them and approved by the Health Ministers which may specify the content of courses and shall specify the conditions of entry, and the award of certificates on successful completion.

The parallel Council for Social Work Training has the same Chairman, and it is hoped therefore that the necessary definitions of function and integration of work in these two closely allied parts of the field will be worked out with true understanding of the value of each.

The Act also makes provision for the conduct of research in the field of social work.

The Superintendent Health Visitor in Area 10, Miss G. Francis, has accepted an invitation to serve on the Council for the Training of Health Visitors. It is an honour well deserved as Miss Francis has for many years worked unsparingly on behalf of members of her profession, and has been in the forefront of imaginative planning for the advancement of health education.

*Liaison with General Practitioners.*—Although there are no instances in the County where health visitors are seconded to work entirely with general practitioners, as in some other parts of the country, there are four areas in which a health visitor works closely with the doctors in a group practice. In one, she calls each week at the surgery, gives reports on visits which have been requested by the doctors, and receives instructions for visiting homes to deal with social problems of their patients. In three other areas, health visitors attend child welfare sessions at general practitioners' surgeries regularly. In addition to these arrangements, there is throughout the County a growing realisation of the value of close co-operation between general practitioners and health visitors, and steadily increasing use is being made of the health visitors' experience and knowledge of the circumstances of the families in their districts by the doctors, to assist them in their work. It is to be hoped that true integration of the health visitor with the general practitioner will grow rapidly.

*Liaison with Hospitals.*—In all areas of the County, health visitors receive requests to follow up patients discharged from hospital. Areas 4, 5 and 9 mention that these requests are mostly in respect of elderly patients. They then visit the homes to give advice on diet, the carrying out of treatment, and assess which of the local authorities' domiciliary services may be of use.

In Area 2, health visitors attend the Whittington and Prince of Wales Hospital for discussion of the needs of patients with consultants.

Where home visits are made, the health visitors send written reports to the hospitals.

In Area 6, health visitors work in close co-operation with the Central Middlesex Hospital, so that they may make follow-up visits to the patients, particularly from the Diabetic Clinics, to assist them with carrying out their diet, treatment and after-care.

In Area 7, a Hospital and Domiciliary Services Liaison Committee was formed in November, at the instigation of Dr. Booth, Joint Area Medical Officer, and with the co-operation of a consultant physician to the Geriatric Service, South West Middlesex Hospital Group, for the purpose of co-ordinating the services. Almoners from the hospital, area welfare officer, mental welfare officer, home nursing, health visiting, and home help service representatives were invited, and the opportunity to discuss relevant problems has been appreciated by all who attended the meetings so far.

*Health Education.*—This has been, as always, an integral part of the work of all the health visitors. They have many opportunities to use their knowledge of the effective display of posters in clinics, to give talks to groups of mothers, to show films to expectant mothers with their husbands in evening sessions and to teach in primary and secondary schools.



One area reports that in addition to regular relaxation and mothercraft classes in all the clinics, a health visitor co-operates with a midwifery sister at a maternity hospital in a similar class. In another area copies of the syllabus for each series of mothercraft and relaxation sessions are circulated to the local general practitioners. Talks on subjects connected with health are also given in the evening by health visitors to special meetings of local organisations.

At a clinic in Area 10, Dr. Wilson of the Cassell Hospital, Richmond, has led a series of weekly discussions with a small group of women who are expecting their first babies, in order to help with their family situations into which a new baby is expected. It is proposed to continue these discussions after the birth of the babies when the mothers bring them to the clinic.

*In Service Training.*—There has been one course for health visitors at the Heston Audiology Unit arranged by its director, Dr. L. Fisch, in the detection of hearing loss in young children and further courses are planned.

30 health visitors attended this course.

5 health visitors attended a course in mental health at Springfield Hospital in January.

The second year of a course on "Human Relations", an Extra Mural Course of the University of London, run in conjunction with the County Council's Mental Health Service, was attended by 16 health visitors, attendance being at weekly sessions over the year.

Eight series of classes of instruction in the teaching of relaxation were held for health visitors and midwives who conduct relaxation and exercise sessions for expectant mothers. These classes have been found to be of considerable value in assisting those who attended in their teaching techniques, through a greater experience of relaxation.

Four health visitors undertook the part-time training course in teaching methods, run by the Health Visitors' Association and extending over one year.

*Refresher Courses.*—35 health visitors attended eleven different refresher courses on topics relating to various aspects of their work.

## Section 25

### HOME NURSING

In the report for 1961, mention was made of the decision taken by the Health Committee that as a result of a decreased number of visits per nurse over the previous year or two, approval should be given by the Chairman to the replacement of home nurses. The number of visits made in 1962 was 844,350, an increase of 4,663 over those made in 1961, and a review of a six-monthly period ending on 30th June showed that the average number of cases attended by each home nurse had increased to 65.5 compared with 60.3 in the six months ended December, 1961. The Health Committee therefore rescinded the decision of 1961, and agreed that my approval only need be given for replacements in future.

Two significant factors have emerged from detailed enquiries made into the work of the home nurses. One is that with the large number of visits paid to elderly patients, many of them very infirm, there is a considerable number of visits of over one hour's duration. In order to assess these cases adequately, they will in future be shown under a separate heading in the nurses' records.

In one or two districts in Health Area 9, there are many Pakistani immigrants who do not speak English, and who adhere to their own ideas and customs. Visits to these patients are often very time consuming, involving considerable difficulty in locating them, and much explanation about treatment.

*Home Nurses working with General Practitioners.*—There were in 1962, two experimental schemes in which a home nurse has worked with a group of general practitioners.

In Willesden, after a preliminary meeting in January, a nurse began work in this way, using a "moped" scooter. She continued for seven months, after which her place was taken by another nurse, who has a car.

In eleven months, 110 cases were paid 2,898 visits. The experiment was considered to be successful by the nurse, the general practitioners and by the area medical officer.

The types of patients visited were similar to those of other home nurses, with a large proportion of patients requiring general nursing care. The mileage and travelling time compare favourably with other nurses in the area, if the relief duties of those working in a group are taken into account. The chief advantage of the scheme is that there is a much closer link between the practitioners and the nurse. She meets the doctors at their surgery to receive instructions and to discuss the work, in this way bringing about a better understanding of each patient. The experiment has shown that there should be a closer liaison between all home nurses and general practitioners, and the present group wish the scheme to continue. In the area concerned, extension of the scheme would be limited by the small number of group practices.

There has been a similar experimental scheme in operation in a group practice in Ashford since the end of April, 1962. The group practice is centred on one building. The home nurse who works with these five doctors attends morning surgeries, assists at minor operations and does dressings and treatments in the surgery. She also attends immunisation sessions, and the remainder of her time is spent nursing patients on the doctors' lists in their homes. The arrangement works very well, and the nurse has established good professional relationships with the practitioners. It has been found, however, that one nurse is unable to cover the home nursing duties entirely, and a proportion of visits have to be covered by other nurses. In future this scheme will need additional staff. A full review will be made when it has been running for a year.

In two other health areas, an arrangement to second a home nurse to a group of general practitioners has been under consideration; in one it was actually begun, but had to be discontinued owing to the shortage of nurses.

*Marie Curie Memorial Foundation Fund.*—Under their scheme of welfare grants to patients suffering from cancer, help in kind was given to 12 patients, and amounted to the sum of £71 7s. 2d. This is a most valuable source of help



since it may be given at short notice, and only a simple form of record is required by the Foundation. Examples of help which have been given are the purchasing of medical appliances and equipment not obtainable through the National Health Service, in one instance assisting with the cost of additional heating in the patient's room, and extra items of diet for a patient unable to take normal food.

*Register of Nurses under the Marie Curie Memorial Foundation.*—The employment of nurses and unqualified helpers by the Foundation for cancer patients was under consideration during 1961, and in 1962 this day and night nursing scheme was brought into operation in Middlesex by means of advertisements being placed in local newspapers in all areas by the Foundation. Applicants were advertised for in four categories: state registered nurses, state enrolled nurses, unqualified persons with some nursing experience and unqualified "sitters in". A graded scale of payment in line with Whitley Council rates is arranged. The Foundation's personnel checked references and qualifications, then sent the applications to me. They were forwarded to the appropriate areas, where an interview was arranged with the superintendent home nurse. Out of a large number of applicants an average of two or three per area were placed on a register. Unfortunately, since calls on their services are occasional, it is difficult to retain the services of these nurses, who tend to take other appointments when they are disappointed at not being used regularly after they have registered. It is now permitted to pay a small retaining fee to any nurse who is called upon regularly and whose work is known to be satisfactory to the superintendent. It is also permissible to employ a nurse on the register for patients other than cancer sufferers, as long as payment of her services is arranged for by other means than the Foundation's grant.

*Training.*—The introduction of a training course for home nurses within the County, enabling them to take the examination for the National Certificate for District Nursing marked an important step forward in the service.

The first training course was begun in September of this year, under the direction of a specially appointed tutor at Chiswick Polytechnic. The syllabus laid down by the Ministry of Health is parallel to that of the Queen's Institute of District Nursing, and entails one-and-a-half study days each week at the college, the remainder of the training being on the district for sixteen weeks, except for state registered nurses who hold the S.C.M. or H.V. qualification or who have had one-and-a-half or more years experience in district nursing, in which case the course is shortened to twelve weeks, the examination taking place in the thirteenth week. Twelve nurses took the first course but subsequent courses will accommodate up to 20 students.

The training will be most valuable both for nurses who come into district nursing from hospital work, where facilities for treatment are to a great extent to hand in a ready sterilised and pre-packed state, and for those who have worked in patients' homes for a number of years, since it gives them an opportunity to learn improved techniques, to hear experts in various fields of medicine and allied subjects, and to meet and discuss their work with the tutor and with their colleagues, and ultimately to gain a qualification with nationally recognised status. As the first course drew near its conclusion, a number of the students

expressed their appreciation of the renewed stimulus and practical help with which the course had provided them.

*Refresher Courses.*—A total of 23 nurses attended residential refresher courses organised by the Queen's Institute of District Nursing, and a further 10 nurses attended a non-residential course in May.

*Conferences.*—Ten supervisors of home nurses attended a one-day conference in London on the 19th October on the subject of long term illness and its implications.

Three deputy superintendents of home nurses and six nurses attended a conference on stroke rehabilitation on 21st June organised by the Chest and Heart Association.

Three nurses took part in a joint study organised by the Royal College of Nursing on the 27th September, in which part of the day was spent in hospital wards with the sisters in charge, who in their turn saw something of the treatment of patients at home after their discharge from hospital. This was a new type of study day, which proved very rewarding to those taking part.

*Trial of Disposable Syringes.*—A trial was carried out with the approval of the Health Committee during the months of May and June to assess the value of disposable plastic, ready sterilised syringes complete with needles. The use of these in place of glass or nylon syringes has greatly increased in hospitals.

All home nurses were issued with the syringes, at a cost of nearly £1,000.

The following advantages were reported:

1. Assured sterility.
2. Immediate availability for use, particularly in emergencies.
3. Ease of handling.
4. Time-saving in obviating the boiling of syringes during visits.
5. A new, sharp needle is used for each injection.
6. There are well-defined measurements on the barrels of the syringes.
7. The syringes are light in weight, simple to store and transport.
8. Saving of patients' fuel needed when boiling syringes.
9. There was no need for the nurse to use a cooking stove which is not always clean at the patient's home, with risk of sepsis.
10. The syringes are easily and safely disposed of, as given in accompanying instructions.

There were some faults reported, such as flexible needles, cracked barrels. These were discussed with the manufacturers who are continually making improvements, and the faults have, to a great extent, been corrected. The future use of these syringes is under consideration.

## Section 26

### VACCINATION AND IMMUNISATION

The year has been one of transition in immunising procedures and programmes. For this reason no co-ordinated publicity campaign was carried out at any one time in the County. Medical officers and health visitors have been asked to use every opportunity during the course of their work, to encourage patients to have their children protected by immunisation and vaccination.



*Smallpox.*—January, 1962 saw a greatly increased demand for vaccination, when cases of the disease were notified among Pakistani immigrants to this country. Mass vaccination of the public was discouraged but it was offered to the staff at London Airport. Members of the public who intended travelling abroad immediately or during the summer months formed a large group of people who sought vaccination to comply with the requirements of other countries.

In November, Circular 27/62 was received from the Ministry of Health, giving the information that, in the light of advice received from the Standing Medical Advisory Committee who had re-considered vaccination policy, routine vaccination against smallpox in the first two years of life should continue. The Committee further advised that the offer of routine vaccination should preferably be made during the second year of life, instead of at four to five months old as had been recommended hitherto.

Certain medical conditions which were listed in an accompanying letter were considered to be contra indications to vaccination.

*Diphtheria.*—Immunisation against diphtheria is carried out mainly with that against tetanus, or whooping cough, or both. It is disappointing that both the numbers of children immunised under five years and those between 5 and 14 years have fallen from the 1961 level, the former by 4,455 and the latter by 3,336; although there were 2,009 more births in 1962. The number of reinforcing injections given to children under 15 years of age was 28,528, while in 1961 it was 38,175; thus also showing a significant decrease. The total number of all immunisations, primary and reinforcing doses, dropped to just below the 1960 level, whereas there was a pleasing rise in 1961 from 59,674 to 76,931. This year the figure was 59,493. The heavy demand on family doctors in the first half of the year for smallpox vaccination may have significantly contributed to this result.

*Whooping Cough.*—Immunisation against whooping cough followed the same pattern as diphtheria in primary immunisation, showing a drop from 33,846 to 28,496, over 5,000 fewer, but there were more reinforcing injections, 13,602 as against 12,919 the previous year. As has been said, this protection, although it may be given separately, is more often given in combination with diphtheria and tetanus immunisation, and there are some conditions, such as a tendency to bronchitis in a child which are a contra indication to the giving of whooping cough vaccine, so that somewhat lower figures than diphtheria immunisation might be expected.

*Poliomyelitis.*—An important change took place in February in the vaccination against poliomyelitis with the introduction of the Sabin attenuated virus vaccine; hitherto, the vaccine had been given by injection in the form of material containing a killed virus only.

Oral polio vaccine is used generally, but some Salk vaccine is available if required by general practitioners or requested by parents for their children.

## Section 27

### AMBULANCE SERVICE

During the year 1962, an interim scheme of control based on the three service districts was set up thus providing a major step forward in the implementation of the County Council's policy decision that the fire and ambulance services should be separated. These controls came into operation at the end of January, 1962, replacing those formerly located at the 10 ambulance depots, ambulance headquarters and 3 fire brigade district controls. These latter controls had previously received all accident and emergency calls on behalf of the ambulance service and the fire brigade personnel manning them had been responsible for mobilising accident ambulances. Each of the three controls covers approximately one third of the county and is responsible for dealing with all requests for ambulance transport, accident, emergency and sick removal, arising within its area. Each control is provided with private telephone circuit connections with all accident stations and sick removal depots within its district, and with certain major hospitals and appropriate fire brigade controls. They are linked with each other by private circuits and provided with a number of exchange lines for use by doctors, small hospitals, members of the public, etc., plus special out-of-area exchange lines agreed with the General Post Office for the receipt of "999" calls.

The opening of these controls necessitated the issuing of guidance and advice to all general practitioners in the county, to hospitals in Middlesex and London, plus every ambulance authority in the country. It was, of course, necessary to arrange for the change-over from the old communications network to the new to take effect at a precise agreed time and, with the co-operation of the General Post Office, this was achieved without dislocation of the service or inconvenience to its users. Centralisation of the controls in this manner obviously provides scope for the more efficient and economic use of service vehicles because the mobilising staff are aware of the demands over a much wider area and are therefore, able to achieve greater co-ordination of the movement of patients and vehicles. The need to man only three controls also led to staff savings and there is no doubt that further progress will be made in these directions when the ultimate central control for the whole county is attained.

It is hoped that a county-wide teleprinter network and radio control of service vehicles will be incorporated in the facilities to be made available in the proposed county control. In order to establish the effect of teleprinter facilities, the County Council approved a pilot scheme based on the "A" district control at Edmonton. The equipment necessary to link the control with the two depots in "A" district was made available by the Post Office and a teleprinter operator took up duty early in November. Experience gained with this network leaves no doubt that teleprinter communication between the county control and the various sick removal depots will be a great asset to the organisation and assist materially in achieving maximum efficiency. With regard to radio control, the County Council had under consideration at the close of the year a proposal for the implementation of a pilot scheme to be based on one of the three service districts. Experience gained will surely demonstrate that extension of radio control to cover the whole county is desirable, and justifiable. In the latter part of the year, discussions took place with representatives of the Post Office



regarding the equipment of the proposed county control room in order that details of costs etc., could be obtained to permit the preparation of a comprehensive report on this subject for the consideration of the County Council. It had been hoped that the county control would be installed and in operation during 1963 but, from these preliminary discussions, it would seem that this position may not be reached until 1964.

Work started during the year on the conversion of the old Kingsbury fire station to provide accommodation for the ambulance service headquarters, county control, training school and No. 5 sick removal depot. In February, the service took occupation of the new purpose-built depot at Colney Hatch Lane, Finchley, in place of the temporary premises previously occupied in the old fire station at Friern Barnet Lane, Friern Barnet. The policy of removing accident ambulances from fire stations was further implemented during 1962 by the transfer of 2 such ambulances to sick removal depots and the closure of 3 day-manned stations. This process was assisted by the fire brigade scheme of re-organisation which resulted in the vacation by the fire brigade of 2 stations accommodating accident ambulances. In both instances, the ambulance service remained in part occupation of the fire station pending the provision of permanent *ad hoc* accident stations. Thus, by the end of the year, the number of fire stations housing accident ambulances had been reduced from the original 28 to 16. The process of inspecting sites for the erection of *ad hoc* accident stations continued and, during the year, the County Council agreed proposals for the provision of six such stations as part of the capital building programme for the financial year 1963/64.

*Recruitment and Training of Personnel.*—The improvement in recruitment which took place in 1961, was maintained during 1962. At the start of the year, the service had a deficiency of 17 personnel in an establishment of 565 and, at the end of the year the deficiency which had averaged 16 per month had reduced to 11.

As indicated in the report for 1961, a whole-time training school was set up at ambulance headquarters to provide an initial training course of two weeks for all new recruits to the service and a similar but slightly modified two-week refresher course for serving personnel. It was anticipated that all personnel would pass through the training school at intervals of not more than three years. The staffing of this school is provided by one post of Chief Instructor which has been combined with that of an existing post of Depot Superintendent and three posts of Relief Depot Superintendent/Instructor. On the completion of the first year of operation of the training school, it was found that primarily due to the demands made upon the instructors to undertake relief superintendent duties, it had not been possible to organise sufficient courses to maintain the required programme. The County Council was advised that if other calls on the time of the training staff were such that it was not possible to increase the number of courses organised, it might prove necessary to examine more closely the need for additional staff. This aspect will be reviewed during the early part of 1963.

Although it was not possible to arrange as many refresher courses as had been hoped, there is no doubt that these serve a very useful purpose and were appreciated by the personnel.

*Demands on the Service.*—Demands made on the service in 1962, again showed a reduction over the previous year; the number of patients carried being 35,810 less than in 1961. The mileage undertaken in the removal of these patients did not show a proportionate reduction on the same figure for 1961 and it is interesting to note that over the past 3 years, the average number of miles undertaken in respect of each patient has increased from 4·8 in 1960, to 4·9 in 1961 and 5·1 during 1962. Enquiries were made during the course of the year in an attempt to establish a reason for this trend of increasing mileage in relation to decreasing patients but it was not possible to determine any single cause for this. There are many changes which affect the mileage undertaken by ambulance service vehicles and it is not always possible to assess the effect of these with any reasonable degree of accuracy. Not the least of these is the problem of the ever-worsening road conditions with the many traffic diversions in London. The enquiry did reveal that with the slightly larger fleet which has been available over the past two years, there was an increase in the number of journeys undertaken during the periods reviewed. It is therefore, reasonable to state that with a smaller number of patients and an increased number of journeys and miles, the service on average is carrying less patients per journey with a consequent increase in passenger comfort.

Details of the number of patients carried and mileages run together with corresponding information in respect of the previous 4 years are as follows:—

	Patients carried by directly provided and supplementary services.				
	1962	1961	1960	1959	1958
January .. .. .	63,874	70,631	69,458	65,090	67,544
February .. .. .	58,898	62,611	69,259	60,136	61,523
March .. .. .	67,619	70,858	75,237	63,133	66,486
April .. .. .	60,523	62,430	62,902	69,377	64,061
May.. .. .	71,244	70,334	70,384	65,623	76,836
June.. .. .	61,243	68,625	65,293	67,640	72,280
July .. .. .	67,342	65,504	66,084	69,772	68,323
August .. .. .	63,260	64,149	64,891	58,862	59,704
September .. .. .	61,843	64,855	66,393	65,885	65,176
October .. .. .	71,134	69,812	67,724	71,104	71,200
November .. .. .	68,047	69,825	72,962	68,479	63,085
December .. .. .	47,560	58,763	63,704	65,885	62,003
Total .. .. .	762,587	798,397	814,291	790,986	798,221
Total mileage run by directly provided and supplementary services .. .. .	3,891,158	3,900,818	3,891,366	3,809,951	3,864,579
Total patients carried by					
(a) directly provided service ..	716,923	736,114	754,124	738,935	744,433
(b) supplementary services ..	45,664	62,283	60,167	52,051	53,788
Total mileage run by					
(a) directly provided service ..	3,298,395	3,249,576	3,261,013	3,245,198	3,256,564
(b) supplementary services ..	592,763	651,242	630,353	564,753	608,015



*Liaison with Hospitals.*—Service officers continued to maintain close liaison with hospital transport officers in the constant endeavour to obviate wasteful abortive journeys and assist hospital staff in overcoming the many day-to-day problems which arise. In many cases the setting up of the new district controls necessitated changes in procedure for hospital transport officers and I am pleased to be able to report that as usual a high degree of co-operation was shown at this critical time. There were inevitably certain “teething” difficulties but these were quickly eradicated by goodwill on both sides and there is no doubt that both services have benefited as a result of this partial centralisation of the control system.

*Resuscitation.*—In the report for 1961, reference was made to the County Council’s decision to gradually replace the Novox resuscitation equipment in use in the service by the Oxyvator Resuscitator. Due to the receipt of insufficient quantities of this equipment, it was not possible to arrange for its introduction during that year but by the close of 1962, the Oxyvator had been brought into use over approximately one third of the service. It is anticipated that the remainder of the service will be provided with this equipment during the next 12 months. Just prior to the introduction of this equipment, arrangements were made for driver-attendants to complete a brief questionnaire in respect of all cases in which any form of artificial respiration was applied. This arrangement was made at the request of the Consultant Anaesthetist of the Barnet General Hospital who has carried out a great deal of research on this subject and it is hoped that during 1963, the service will receive the benefit of his further advice arising from any conclusions reached from the data made available to him.

*Vehicle Replacement Programme.*—During the year, delivery was taken of 19 sitting case vehicles from contracts placed in 1961. Contracts were entered into for a further 16 sitting case vehicles, 6 ambulances and 2 sitting case cars but, due to production delays, only 1 ambulance had been received by the close of the year. The order for new sitting case vehicles was the completion of a programme commenced in 1959 for the replacement of 55 vehicles taken into service during the years 1949 to 1952 whilst the 6 ambulances ordered were the commencement of a programme to replace the vehicles of the accident fleet. Vehicles which became redundant during the year were disposed of by auction.

Efforts were continued to find a satisfactory modification to the suspension of certain ambulances in the fleet and at the close of the year, the County Council had under active consideration proposals for the conversion of the rear axle and suspension system of 62 ambulances.

*Transport of Patients by Rail.*—During the year, the number of patients conveyed under ambulance conditions by railway was 672 compared with 838 during the previous year. Once again, the service received the full co-operation of the railway authorities in effecting these removals.

*Ambulance Service Efficiency Competitions.*—The Annual Efficiency Competition was held again and, on this occasion was won by No. 3 depot, with No. 2 depot occupying second position. It is my pleasure to report that the County Council’s team entered for the National Competition for Ambulance Services organised by the National Association of Ambulance Officers and won the Regional Final of this competition which was contested by 13 authorities. The same team

represented the County Council in the National Finals held at the Fire Service Training Centre, Moreton-in-Marsh, on 7th October, 1962, and, in competition with 6 other regional finalists, achieved second place.

*Safe Driving Awards.*—All personnel were again entered for the Safe Driving Competition of the Royal Society for the Prevention of Accidents with the following results:—

- 1 “ K ” Star Bar (21–24 years)
- 1 “ J ” 20-Years Brooch
- 3 “ H ” Corresponding (Special) Bars (16–19 years)
- 30 “ E ” Oak Leaf Bars (11–14 years)
- 7 “ D ” 10-Year Medals
- 74 “ C ” Bars to 5-Year Medals (6–9 years)
- 8 “ B ” 5-Year Medals
- 184 Diplomas
- 15 Exemption Certificates.

During 1962, personnel were for the first time eligible to receive awards of 10 guineas under the County Council's monetary award scheme which recognised 10 years of accident-free driving. It is a pleasure to report that no fewer than 27 personnel qualified for the 10 guineas award whilst the number qualifying for the 5 guineas award, in recognition of 5 years accident-free driving amounted to 17.

## Section 28

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE

*TUBERCULOSIS.*—The arrangements providing for the care and after care of persons suffering from tuberculosis have continued throughout the year. The statistical tables relating to tuberculosis are shown on page 97. As a result of modern chemotherapy the problem of tuberculosis continues to diminish.

*Home Visiting.*—The number of tuberculosis visitors employed at the end of the year was 36 whole time staff as compared with 37 at the end of 1961.

The total of 40,178 visits to patients' homes, of which 34,400 were successful, shows a decrease compared with 1961. However, the number of visits to non-tuberculous households has again risen and 5,724 visits were made as compared with 5,544 in 1961. Visiting remains a most important part of the work undertaken by the tuberculosis visitor as home visits enable her to keep contacts under close supervision and advise on prevention of the spread of infection and also on arrangements for care and after care.

The tuberculosis visitors also undertake duties at chest clinics, acting as clinic sisters at diagnostic and treatment sessions.



*Welfare.*—In previous years, reference has been made to the effect which the decline in the incidence of tuberculosis was having on the functions and duties of tuberculosis welfare officers. It was indicated that to a growing extent chest physicians were referring to these officers more and more patients suffering from non-tuberculous chest diseases and so the duties of the welfare officer have become steadily more comparable to the work of hospital almoners. Accordingly, as a result of negotiations with the various Hospital Management Committees, the medical-social work now undertaken at Ashford, Edmonton, Finchley, Hounslow, Tottenham and Willesden chest clinics, is fully integrated with the hospital almoning service and similar negotiations are continuing in respect of the other clinics in the county.

*Occupational Therapy.*—With increasing control over tuberculosis, the demand for this service continues to fall so that the County Council now employs only two occupational therapists as compared with the three that were in employment at the end of 1961. The occupational therapists visit patients in their own homes and also hold classes at some of the chest clinics or in nearby premises. They give guidance and training in a wide range of handicrafts, including needlework, to selected patients. Materials are supplied to patients through the Council's Supplies Department at cost prices, plus a 10 per cent. handling charge.

During 1962, 2,236 visits were made to patients' homes by occupational therapists. This is a decrease of 771 compared with 1961. Similarly there was a drop in attendances at chest clinic classes from 1,494 in 1961 to 738 in 1962.

*Rehabilitation.*—The needs of the patients are met in three ways:—

(a) Through full-time training provided by the Ministry of Labour at their training centres.

(b) By the admission of selected patients to colonies such as Preston Hall Village Settlement. The number of patients maintained by the Council during 1962 was two.

(c) By providing training and subsequently employment under sheltered conditions at the Council's own workshop at Tottenham. At the end of the year 43 men were so employed.

*Hostels for Tuberculous Cases.*—The County Council maintains one hostel for homeless tuberculous men at Twickenham with accommodation for 16 residents. The hostel is managed by a resident warden with his wife as assistant warden.

*Vaccination against Tuberculosis.*—The Council's scheme provides for the vaccination with B.C.G. of individuals who are contacts of cases of tuberculosis, school-children aged 13 or older, students attending universities, teachers' training colleges, technical colleges or other establishments for further education.

The following table shows the number of persons vaccinated during the past ten years:—

Year.	Number of persons vaccinated under:		Total.
	Contact scheme.	Scheme for school children and students.	
1953	1,585	—	1,585
1954	1,740	156	1,896
1955	2,041	2,031	4,072
1956	2,125	3,337	5,462
1957	2,445	12,745	15,190
1958	2,258	12,643	14,901
1959	2,860	18,276	21,136
1960	2,808	21,785	24,593
1961	2,914	22,676	25,590
1962	2,593	18,940	21,533

*RECUPERATIVE HOLIDAY HOMES.*—A recuperative holiday or a period of convalescence are synonymous and both aim to attain the same thing, namely to get a patient back to his or her normal state of health as soon as possible. Convalescence is normally provided through the hospital service, and is the term reserved when medical or nursing attention is still required, whereas recuperative care is used when patients are able to look after themselves and require only a period of rest, good food and fresh air to complete their treatment. In actual practice most of the convalescent homes used by this authority accept both categories of patient.

Recuperative holidays provide a very valuable part of the Council's scheme for the after-care of patients recovering from illness or operation. In addition the scheme has an important place in the prevention of illness. A complete breakdown in health, either physical or mental, is often avoided by a timely period of recuperative care and, thereby, sometimes a prolonged stay in hospital is averted.

During the year 1,147 applications were accepted and approved for patients to be dealt with under this scheme, and of this number 896 were admitted to recuperative homes, including 25 mothers accompanied by 38 children. The remainder were either cancelled or withdrawn for one reason or another.

*LOAN OF NURSING EQUIPMENT.*—The Middlesex Branch of the British Red Cross Society continues to operate the loan of nursing equipment scheme on behalf of the County Council and during the year 19,779 articles were loaned to patients, an increase of 1,488 over the previous year.

Under these arrangements a hire charge is collected from the patients by the British Red Cross Society and retained by the Society to enable it to purchase replacement equipment as required. If the patient is unable to pay the hire charge it is paid by the County Council. The Council also purchases any additional equipment required to meet requests for the loan of articles on the approved list. All transport required, *e.g.*, for the delivery and collection of bulky articles, is provided by the County Council.



In the financial year 1961-62, the County Council paid to the British Red Cross Society £4,224 in respect of patients' hire charges, bought £300 worth of additional equipment and provided transport at a cost of £2,151.

In general, the scheme is intended to facilitate simple, short-term nursing in the home. An exception to this principle is the provision of certain items of catheterisation equipment as a personal issue to paraplegic patients to enable them to be cared for in their own homes.

*CHIROPODY.*—A review of the chiropody service during 1961 resulted in the submission to the Minister of Health of amended proposals. These increased the priority groups to the elderly, the physically handicapped, expectant and nursing mothers and children under five years of age. The revised proposals were approved by the Minister on the 16th January, 1962.

The shortage of suitably qualified staff continues to retard the growth of the County Council's directly provided service. The establishment of staff approved for the County is the equivalent of 20 whole-time chiropodists, but in spite of intensive efforts it has not proved possible to recruit up to this figure. The position varies markedly as between the ten local health areas. In some the staff shortage is acute, although this may be confined to a particular locality within the area itself, whilst in others the problem appears to be easing with the result that less difficulty is experienced in meeting the steadily increasing demands upon the service. Waiting lists exist in many areas and the length of these is naturally dependent upon the severity of the staffing problem, the demand for treatment and the extent to which the approved voluntary organisations financially supported by the County Council supplement the directly provided service.

Notwithstanding the many difficulties encountered, expansion has steadily taken place during the year. This is illustrated by the fact that at the end of 1961, 96 sessions were being held weekly, whilst at the close of 1962, the number had increased to 105 sessions. Further evidence of growth is found in the fact that during the year 6,530 patients made 31,727 attendances at the County Council's clinics, as compared with 6,176 and 24,004 respectively during 1961.

The difficulty of recruiting staff into the County Council's service, already referred to, has meant the continuation during 1962 of the existing arrangements in the Brentford and Chiswick area whereby patients are referred to privately practising chiropodists, and under these arrangements, 104 patients made 852 attendances for treatment. The figures for the previous year were 82 and 714, respectively.

Chiropody treatment continued to be provided for school children under the Education Act.

Towards the end of the year, approval was given to arrangements being made to carry out domiciliary treatment of patients who cannot be moved from their homes or who, if moved on stretchers, might cause difficulty on arrival at a clinic.

Voluntary organisations have continued to play their part in the Council's chiropody schemes and during 1962 approximately 38,000 treatments were arranged. The corresponding figure for the year 1961 was 31,000. The Middlesex Branch of the British Red Cross Society is the largest of the voluntary

bodies providing chiropody services. At the end of the year, the following voluntary organisations were taking part in the Council's arrangements:—

British Red Cross Society  
Colnbrook Over 60 Club  
Finchley Guild of Social Service  
Hendon Old People's Welfare Committee  
Heston and Isleworth Old People's Welfare Committee  
Hornsey Old People's Welfare Council  
Ruislip-Northwood Aged Persons' Welfare Association  
Southall Old People's Welfare Association  
Southgate Social Services Council  
Tottenham Old People's Welfare Committee  
Uxbridge Old People's Welfare Association  
Willesden Old Folks' Association

Although the County Council's directly-provided service has continued to develop during the year, the dearth of suitably qualified chiropodists has made this expansion a slow process. Nevertheless, there are indications of an improvement in recruitment prospects and it is to be hoped that the growth of the service during 1963 will be quicker than it has been in the past.

*VENEREAL DISEASES.*—The County Council's almoners have attended venereal disease clinics at hospitals within the county under the same arrangements as in previous years. In this way they are able to interview and follow-up patients who have social problems.

Comments on the incidence of venereal disease will be found on page 14.

*PROBLEM FAMILIES.*—There are always some families in every district who are unable to manage their affairs and care adequately for their children. It is these families to whom intensive support must be given in a variety of ways, sometimes over long periods of time by people with experience and understanding who can show them how to make use of their own resources and any benefits in money or kind which it is needful to allot to them from the social services.

In Middlesex a great part of this supportive work is done by health visitors, dealing with the families in their own districts. In Area 3, two specialist health visitors are employed, and their work in visiting 61 families on a total number of 2,714 occasions has been of great value.

In Area 6, much of the work with problem families is carried out by the Family Service Unit workers, in close liaison with the County Councils' staff. A full report of their year's work follows:—

“ One full and one part-time worker have been employed in Area 6 during the year. Four new cases were opened, and the same number closed. The part-time worker left, and her place was taken by another worker during the year. The Unit's expenses have increased considerably, partly due to an increase in salaries of workers, and partly to the need to purchase a moped and scooter, which were found to be essential to the satisfactory carrying out of the work in Willesden.



Financial problems are likely to arise in many of the cases dealt with, resulting in marital quarrels and hardship to the children.

The problem of separated wives and families has also been met with. Some difficulties have also arisen due to the low intelligence of some parents, and to the mental instability of others.

In some families where living conditions are poor, hire purchase commitments have been undertaken in excess of those which can be met, leading to debts.

The Unit Worker's policy is to help those families out of their financial muddle, and then encourage regular habits of payment, so that they can later deal with commitments themselves.

The work involves close co-operation with public bodies and officials, and gaining the confidence of local tradespeople enabling debts to them to be paid by instalments.

Details of families helped showed the intensive and continuous support necessary over considerable periods of time, the patience and tact required when lapses occur in the parents' efforts to improve, and the wide knowledge and experience needed by the staff to carry on their work in consultation with the local authority's departments and voluntary agencies.

Area 7 reports one story of a family with great difficulties and large debts, a broken former marriage, and at the time of help being begun, the woman cohabiting and attempting to care unsuccessfully for nine children, the youngest being  $1\frac{1}{2}$  years old. This was a good example of co-ordination of efforts by a meeting of the Superintendent Health Visitor, Area Children's Officer, Prison Welfare Officer, Home Help Organiser, Education Officer and N.S.P.C.C. Inspector. A special home help was allocated for rehabilitative service. Some help in providing household articles and clothing was obtained from voluntary organisations, and after over five months of help the family appeared to be set more firmly upon their feet, the man's prison sentence was over, and he expressed a wish to marry the woman. The debts were cleared, and the stage had been reached when only periodic visits were needed by the health visitor. Such results are not always obtained, nor do they always last, but when they do occur they make the workers feel that their efforts are most worth while.

All areas mention the value of case conferences between workers so that the facts are known to all who have been in contact with the families, a multiplicity of visitors is avoided, and the most effective measures are taken on behalf of the family concerned. The number of these meetings has increased considerably this year. The County Council's arrangements with Housing Authorities in the Boroughs in Middlesex for the assistance of families threatened with eviction are closely linked with the work with insecure families, although it would be wrong to think that because threatened with eviction, a family necessarily is a problem family. There are other reasons for this threat than fecklessness on the part of the parents.

## HEALTH EDUCATION

*Staff.*—The Health Education Officer relinquished his duties on the 26th July, 1962, to take up the appointment of Public Relations Officer to the County Council. It has been decided not to appoint a successor for the present.

This has inevitably meant that the nature and scope of health education within the county has suffered some restriction, although the full-time technical assistant has continued the work within this lesser sphere.

*Smoking and Health.*—The loss of Mr. Penn's services has unfortunately brought almost to a standstill the intensive campaign on the relationship between smoking and lung cancer carried out by means of numerous talks over the past two years. Requests continue to be received from local authorities and other interested bodies for copies of the leaflet produced by the Health Education Officer, one of which was last year sent to every school child in the county over the age of nine. Supplies of various posters are offered free by the Ministry of Health and copies of a 16 mm. film "Spotlight on Smoking" are available for showing through the Central Office of Information. This is a telerecording of a B.B.C. programme for schools, and the Ministry are bearing the hire charges as an exceptional measure. Every advantage will be taken of these facilities to ensure that the hazards of smoking continue to be made known throughout the county.

*Film Production.*—The technical assistant has been engaged during the latter part of the year in the production of a foot film in Health Area No. 7 to be called "52 Small Bones."

The making of two further films is about to start. These depict the work of the mental health service.

*Film Shows.*—Approximately 195 film shows were given by the technical assistant during the year, 49 of these having been arranged for the evening. Requests for these shows are received from such bodies as local branches of the British Red Cross Society, Townswomen's Guilds and the like. The subjects available cover a wide range, but films on ante-natal and child care topics are in the greatest demand. During the year an increasing number of requests have originated from schools for films to be shown on such matters as personal hygiene and sex education.

*Dental Health Exhibition.*—The Dental Health Exhibition has been staged in junior schools at Wembley, Stanwell, Tottenham, Hayes and Chiswick, respectively, during the year. The exhibition is at present designed to appeal to the 8 to 11 year old child and continues to be essentially tutorial in nature, little purpose being served by preparing the usual form of "walk round" in dealing with dental health education. Two of the stands depict dental hygiene and the value of detergent foods compared with confectionery. Another stand contains a collection of animal heads and is designed to compare natural wild life with that of humans. Staffing of the exhibition has continued to be effectively made by dental officers, health visitors, and dental ancillaries.

*SPECIAL CLINICS AND ADVICE CENTRES FOR ELDERLY.*—The retired persons advice clinic in Area 2 which was approved in 1961 commenced on the 23rd February, 1962, and is working very satisfactorily.

The health advisory centre in Area 3 which was opened in December, 1960, the geriatric clinic in Area 6 which opened in February, 1961, and the



clinic for the elderly in Area 10 which was set up in June, 1958 continued to operate throughout 1962 on the same lines as previously.

At the end of the year consideration was being given to extending the scheme as operating in Area 6 to other areas in the County.

## Section 29

### HOME HELP SERVICE

The ability adequately to look after seriously ill people in their own homes is dependent upon the family doctor, as team leader, assisted by the home nurse and home help. Without an adequate force of home helps it will never be possible to use hospital beds in an economic fashion. The importance therefore of this branch of the service is very great. The number of home helps, most of whom work part-time, employed by the Council at the end of the year was equivalent to 964 full time workers. This shows a slight increase over last year's figure, but it is short by a very long way of the number needed to do the job which could be done. The chief difficulty in recruitment is financial. It is the County Council's policy to pay nationally agreed rates, and in many areas the competition for this kind of labour makes recruitment very difficult.

It is largely to the elderly sick that the services of the home help are given, and during the year nearly 11,000 cases of this kind were helped.

*Neighbourly Help Service.*—This is an extension of the ordinary home help scheme; it envisages the employment of neighbours to provide assistance to old people, or chronically disabled people, who are either living alone or with other old people, who because of their own increasing infirmity are unable to cope with their necessary household chores. The neighbourly help is expected to call in the house several times a day for short periods, and may light fires, prepare meals, do shopping or house cleaning, but most important of all, to keep a friendly eye on the patient from time to time during the day. This scheme is most important in those parts of the County where home helps are especially difficult to recruit. This service was provided to 50 cases during the year.

*Family Help Service.*—This service is one of the three ways in which the health department assists in the prevention of the breakup of problem families. In one part of the county special health visitors are appointed to carry out this important task. In Willesden, a Family Service Unit carries out the same work.

The Family Help Scheme is designed to give help through specially chosen home helps. In some cases the home help lives in the house, taking the place of the mother in her absence; she assumes full responsibility for the running of the home, the children and finances. In other cases, the home help carries out these same functions, but is non-resident, the father, or some other relative taking over at night. In a further group of cases the family help is employed to assist and advise the mother who, although resident with her family, needs to be taught how to manage her household affairs and budget sensibly. This scheme was instituted in Ealing where 11 of the 18 cases helped during the year originated.

## Section 51

### MENTAL HEALTH

1962 proved to be an exciting year for the Mental Health Service. The vigour with which the County Council has been tackling its expansion programme over a number of years has resulted in a considerable increase in community care facilities; these now include eight junior training schools (five with special care units attached) and six adult training centres (five under industrial conditions) for the severely subnormal; one 30 place day centre and a six place post-hospital residential unit for the mentally ill. Other projects which are nearing completion include a 19 place weekly boarding unit, an 11 place hostel, a 104 place junior training school and special care unit and a 24 place special care unit, for the severely subnormal and two 30 place hostels and a 90 place day centre for the mentally ill.

As I have reported in previous years, the provision of hostels, training centres, day centres and sheltered workshops is necessarily a rather slow business, not only because of the time required for architectural and building work but because of the bitter opposition on planning grounds so frequently encountered from those living in the vicinity of the proposed building. Time taken in consultation with people living in the neighbourhood, the calling of public meetings to explain as fully as possible the nature of the scheme and the holding of public planning enquiries by the Ministry of Housing and Local Government make it much more difficult to get started.

This question of difficulty in obtaining planning consent has been pursued not only in the press but also on television and it is hoped that this will lead to more enlightened public opinion. At the end of 1962 there were 39 new projects which it is hoped either to complete or start during the next 5 years.

There was a considerable increase during 1962 in the use of residential accommodation provided in homes and hostels run by voluntary societies. Similarly there was an increase in the number of patients boarded out in private households.

Special arrangements were made for the treatment of severely subnormal patients suffering from cerebral palsy. Approval was obtained to the appointment of a physiotherapist to attend junior training schools in connection with this work.

The County Council attaches great importance to the training of staff and the in-service training course for social workers run in conjunction with the Extra Mural Department of the London University was widened in scope and duration to permit concurrent courses of study for various classes of officers. The County Council's second two year training course for teachers of the severely subnormal was successfully concluded and a third course commenced in September, 1962. Plans were in hand at the end of the year to run a training course for staffs of adult training centres which is designed to give such staff theoretical and practical knowledge, not only in the methods of teaching the severely subnormal but also in industrial practices.

The lack of permanent beds in psychiatric hospitals for the severely subnormal continues to cause much concern and the number of patients waiting for admission at the end of the year was 217 compared to 183 at the end of 1961. Some small alleviation of the problem has been effected by increasing the



number of special care unit places in the County and the placement of patients for short term care both privately and in hospitals.

During the year, the various mental health establishments provided by the County Council have been visited by many persons, from home and abroad, interested in mental health community care facilities. It gives me great pleasure to report that Her Royal Highness, Princess Marina, Duchess of Kent, visited the Acton Lodge Adult Training Centre and Isleworth Junior Training School in December, 1962.

COMMUNITY CARE—MENTAL ILLNESS

The field work continues to be centred upon five mental health divisional offices. The total number of social workers employed at the end of the year was as follows:—

Divisional Mental Welfare Officers	..	..	..	5
Mental Welfare Officers	..	..	..	28
Mental Health Social Workers	..	..	..	3

Mental health social workers have, in the past, been appointed to undertake the visiting of subnormal and severely subnormal children and adults (females of all ages, males up to ten years of age). It is now the County Council's policy for all visiting of the subnormal and the severely subnormal to be part of the mental welfare officer's work and the establishment of mental health social workers has therefore been integrated with that of mental welfare officers.

The establishment of psychiatric social workers remains at 10 although, because of difficulties of recruitment, only the whole time equivalent of 6½ were in post at the end of the year.

It has been necessary to appoint further additional clerical staff in all offices to permit the fullest possible use of technical personnel in field activities.

The mental health divisions are based upon the catchment areas of the various psychiatric hospitals receiving patients requiring hospital treatment for mental disorder as follows:—

Claybury Hospital ..	..	..	..	East Division
Napsbury Hospital	..	..	..	} East Central Division
Friern Hospital ..	..	..	..	
Hill End Hospital ..	..	..	..	
Shenley Hospital ..	..	..	..	Central Division
Springfield Hospital	..	..	..	West Central Division
St. Bernard's Hospital	..	..	..	West Division

The divisional offices are open from Monday to Friday from 9 a.m. to 5.30 p.m. Outside the hours of 9 a.m. to 5 p.m. and at weekends, a rota arrangement for urgent calls is organised.

The facilities of the County Council's mental health service continue to be made available to persons arriving at London Airport, the airport being situated in the West Division of the County. The North Middlesex, Central Middlesex and West Middlesex Hospitals, continue to provide psychiatric beds to which suitable patients can be admitted for short periods for medical observation and treatment.

The statistics relating to cases dealt with during the year under the Mental Health Act will be found on page 116.

The three therapeutic social clubs provided by the County Council at Enfield, Neasden and Hendon have continued to make steady progress and the total attendances at these clubs during 1962 was 2,082.

As in previous years suitable patients have also been referred to the social clubs and the day rehabilitation centres run by the Institute of Social Psychiatry. There were 1,822 attendances at these clubs by Middlesex patients during the course of the year, and 1,765 attendances at the Institute's Blackfriars Rehabilitation Centre and Cross Way Rehabilitation Centre, Southwark. The County Council contributed towards the cost of these centres in proportion to the number of attendances made by Middlesex patients.

Continued use has been made of homes and hospitals administered by the Mental After Care Association for the placement of patients who have ceased to need treatment in a mental hospital and for those patients who, although not having been admitted to a psychiatric hospital, nevertheless needed residential placement due to home environment problems. There is no doubt that had these facilities not been available many of the patients would eventually have been admitted to hospital. At the 31st December, 1962, 74 such patients, for whom the County Council had accepted financial responsibility, were in residence, whereas there were 56 patients in residence as at the 31st December, 1961.

*Post Hospital Residential Unit, Wembley.*—The post hospital residential unit at 73 Wembley Park Drive, Wembley, for the placement of a "family group" of suitable persons no longer requiring treatment in a psychiatric hospital, has proved to be a successful project. This house accommodates six patients and at the end of 1962, four of the residents were in regular full time employment, one was working part time and the other was unemployed. It has been found that the residents live amicably together as a group and undertake their own household duties including the purchase of food, cooking, cleaning, etc. There is a minimum of supervision from the psychiatric social worker concerned.

The residents have rent books and are assessed to pay a minimum rent of £1 per week. If, however, the residents are unemployed and receive only a National Assistance allowance, the County Council makes them an additional allowance of 30s. a week. This covers their rent and leaves them with 10s. in recognition of their share in keeping the premises clean.

Further post hospital residential units of this type are included in the County Council's development and capital building programme.

*Day Centre for the Mentally Ill, Willesden.*—A 30 place day centre for the mentally ill was opened in the former junior training school premises at Belton Hall, Bertie Road, Willesden, on the 1st October, 1962. The centre is staffed by a senior occupational therapist in charge with one assistant occupational therapist. Meals are not provided but there is a small kitchen which is used by the patients for cooking midday snacks. A variety of work schemes are undertaken and items of equipment are also provided for domestic rehabilitation. The County Council pays the travelling expenses of the patients attending the centre and provides pocket money related to their work output.



An art class is conducted weekly at the centre by a teacher from the Ealing College of Art.

The senior occupational therapist is also responsible for the provision of domiciliary occupational therapy to patients in their own homes who subsequently attend at the centre.

*The following report has been received from Mr. E. Heimler, County Psychiatric Social Work Organiser :—*

“ Developments in the mental health field since 1959 have been rather fast and manifold. To enable social work staff to discharge their duties and responsibilities in the light of the Mental Health Act, 1959, training courses in “ community care ” covering various aspects of human relations have been successfully running in conjunction with the Department of Extra Mural Studies of the London University.

There is a three year course which caters for mental welfare officers and senior welfare officers including a number from the London, Essex and Hertfordshire County Councils. Each year consists of three separate courses of study running concurrently for different grades of officers and during the academic year 1962/63 a one year orientation course for health visitors and some clerical staff is included.

On the first year study group there are sixteen students under the guidance of two psychiatric social workers, Miss E. L. Arkinstall, A.A.P.S.W., and Mr. M. Grabianka, A.A.P.S.W.

On the second year there are sixteen students and as well as university lecturers, two tutors and two casework leaders are involved in their training. Mr. Douglas Woodhouse, A.A.P.S.W. and Mrs. J. Stephens from the Tavistock Clinic act as casegroup leaders, and Mrs. J. I. Jansen, A.A.P.S.W. and Miss J. Dighton, psychiatric caseworker, act as tutors. We are fortunate to have a number of outstanding lecturers to address this group organised by our Medical Director, Dr. J. D. Sutherland, Medical Director of the Tavistock Clinic, and Mr. John Burrows of the Department of Extra Mural Studies, London University.

In the third year, we have four students who meet Dr. Sherrett, Consultant Psychiatrist for casegroup discussion and consultation, and I act as tutor to this group.

The Health Visitors Course run by Mrs. L. Pincus of the Family Discussion Bureau and Mrs. A. Frances, A.A.P.S.W. meet throughout the academic year for casework discussions, and the lectures are organised by Dr. M. Mackenzie of the Tavistock Clinic. Twenty health visitors are participating this year.

My special gratitude goes to all those lecturers, tutors and casegroup leaders who are taking part in this pioneer training, and also to the members of the Advisory Council for Training in Human Relations, all distinguished members of the medical, social work, health visiting, and educational fields who have assisted the organisers of this course with useful suggestions and criticisms. We are also greatly indebted to the Director of the Department of Extra Mural Studies of London University for his constant interest and co-operation.

Details of the County Council's course have been submitted to the National Council for Social Work Training.

The type of training given to health visitors and mental welfare officers will lay down the foundation of future practical co-operation to the benefit of the mentally disturbed in the community. Co-ordination of this work is only possible if social workers practising in different fields have insight and knowledge of each other's functions and problems. I believe this co-ordination of their training has already increased co-operation among the social workers.

The Advisory Committee of Fieldworkers, a group of social workers representing the social work staff of the mental health service meets regularly and discusses in some detail the function and technique of social work in the community. This evaluation of community care work is of great importance as the whole service will benefit by it in the years to come.

I have been available one half day a week to discuss social work problems at the divisional offices with my colleagues and acted as a link between them and our head office staff. As in the past, I am available for discussion and consultation with individual social workers over professional and other problems. The foundations laid down in previous years towards liaison with hospitals have been strengthened by the social workers of our mental health department and close relationships have now been established with several hospitals.

It seems that our mental health service is increasingly becoming an advisory centre for social workers in other fields and it is hoped that this function will continue.

On 1st April last year an experiment was undertaken with the National Assistance Board to see if mental welfare officers could assist in the rehabilitation of the so-called "work-shy". Soon we shall be able to evaluate this experiment, but it has already been reported that many officers of the National Assistance Board have forged close co-operation with mental health divisional offices.

The mental health service opened its doors to students of the Young-husband course at the North Western Polytechnic. These students are placed under the supervision of psychiatric social workers who keep in close touch with the college throughout the academic year. Students from social science departments of various universities also undergo periods of practical training at divisional offices. This is an important and developing function of training in community care work.

A clearer evaluation of social work in the community and the areas in which professional social workers can be of assistance has been a subject of concern to me throughout the year. It seems to me that normality can be expressed in terms of social functioning, and unless man is able to receive sufficient satisfaction from this, he breaks down emotionally or socially. Investigations carried out throughout the year into several hundred cases appear to confirm that there are five areas of satisfaction man is capable of receiving. These are as follows: financial security, sexual satisfaction, emotional satisfaction (from family circle), satisfactions through friendship, finally from work and interests. If any 50 per cent.



of these satisfactions are not fulfilled there are considerable problems facing the individual and his family. In my opinion it is the main task of the social worker to assist the patient in the increase of these satisfactions ”.

#### COMMUNITY CARE OF THE SUBNORMAL AND SEVERELY SUBNORMAL

*Supervision in the Home.*—With support from experienced social workers many subnormal and indeed severely subnormal patients of all ages are able to live satisfactorily in the community. It is essential that they and their parents are able to obtain assistance with their problems and this is readily available through the offices of the visiting social workers.

The total number of subnormal and severely subnormal persons in community care at the end of 1962 was 3,293. Responsibility for helping these patients including home visiting, rests with the community social workers of whom there were 33 mental welfare officers and 3 mental health social workers.

School leavers and young adults particularly benefit from the community care service provided and this is reflected in the number who are able to obtain and maintain jobs in the community. The attitude of the employer and fellow employees is very important and experience has shown that with an understanding of the problems of the subnormal, wider fields of activity in which these patients can be employed, are opened up.

*Guardianship and Informal Foster Care.*—At the end of 1962 there were 65 patients under the guardianship of the County Council and a further 16 patients under the guardianship of private individuals. There were also 119 patients under informal foster care in homes or hostels run by voluntary organisations and private foster homes. In order to avoid formal guardianship procedures, informal placements are made wherever practicable, although too few private foster homes are available for this permanent work. It is satisfying to note however, that whereas at the end of 1961 there were 110 patients under guardianship and 29 under informal foster care, at the end of 1962 there were 81 under guardianship and 119 under informal foster care. This follows the new outlook, the emphasis being on community care wherever possible and informal placement rather than guardianship.

The Guardianship Society, Hove, continues to be very helpful in assisting with the placement of patients in suitable homes. In addition and by special arrangement the Retarded Children's Aid Society home at East Barnet provides 8 beds for Middlesex patients.

*Community Clinics.*—At the 31st December, 1962, 9 clinics were functioning in the County at Staines, Brentford, Edmonton, Enfield, Harrow, Willesden, Southgate, Mill Hill and Uxbridge. Patients and their parents may either by appointment or by calling at a time when a medical officer is known to be in attendance, obtain advice and medical and psychiatric assistance.

*Admission to Psychiatric Hospitals.*—During 1962, 78 patients were admitted to psychiatric hospitals, 69 informally and 9 were detained under certificate. The following table shows the number of admissions in each category:—

Informal admissions	.. ..	69
Mental Health Act, 1959—Section 26	.. ..	6
Mental Health Act, 1959—Section 25	.. ..	0
Mental Health Act, 1959—Section 60	.. ..	3
		—
Total	..	78
		—

The number of patients awaiting vacancies for psychiatric hospital care at the end of the year was: urgent 113, others 104, total 217. Out of this total, 198 resided in the catchment area of the North West Metropolitan Regional Hospital Board which covers approximately seven eighths of the county, and 19 patients resided in the catchment area of the North East Metropolitan Regional Hospital Board. The position has worsened since 1961 when the comparable numbers were: urgent 99, others 84, total 183.

*Temporary Care.*—One way in which the parents can be given a measure of relief (especially the urgent cases on the priority waiting list) is to provide short stay care for periods of up to eight weeks. During 1962 arrangements were made for 264 patients to be sent to Regional Hospital Board hospitals in this way, and 23 patients were accommodated in privately run establishments. This compares with 193 and 19 respectively during 1961.

*Residential Hostels for the Subnormal.*—The County Council continues to place patients in hostels for educationally subnormal school leavers run by the National Association for Mental Health. At the end of 1962 the Association had two hostels, one for males and the other for females, and there were five males and six females from Middlesex in residence.

*Treatment of Patients suffering from Cerebral Palsy.*—In May 1959 the Council opened the first special care unit on an experimental basis. This proved so useful that the Council now provides special care units wherever possible at junior training schools and there are at present five such units in the county. This has made it possible to admit to the schools cases, amongst others, with a severe degree of cerebral palsy and there are at present 62 such cases throughout the county attending either the schools or the special care units. There are other cases residing in the community which because of the difficulties of transport or because of the absence of a special care unit in the area it has not yet been possible to admit.

Experience has shown that the stimulus provided by mixing with other children and by the close personal attention that they are given by the staff has led to marked improvement in many cases but the staff of these special care units have no special knowledge or experience in dealing with cerebral palsy cases.

Concurrently with the Council's efforts to help these children the Hospital Management Committee of Harperbury Hospital (one of the main catchment hospitals for subnormal patients for Middlesex) has opened a cerebral palsy unit where intensive treatment by Dr. Bobath, a specialist in this field, and a staff of physiotherapists has produced some remarkable results. Cases that had previously been regarded as hopeless have been taught to walk and to overcome to a large degree their physical handicaps and this has led to a surprising improvement in recognisable intellectual capacity.



These children have been treated as out-patients at Harperbury Hospital but transport arrangements are difficult and expensive. Other children from the western part of the county have been referred to the special unit at Martindale Road School but there again transport is a difficult problem.

In July 1962 the County Council approved of the appointment of a full time senior physiotherapist who would be able to travel from junior training school to junior training school as necessary, instructing and assisting the staffs at the special care units in the special techniques required and who could also act as a link with Harperbury Hospital and thus keep abreast with the advancements that are being made in the methods of treatment. The North West Metropolitan Regional Hospital Board has agreed to make available the services of a specialist to advise on the treatment of cerebral palsy patients up to a maximum of 12 sessions per year.

*Junior Training Schools:—*

*Existing Schools.*—The position regarding the junior training schools as at the end of 1962 was as follows:—

<i>School</i>								<i>Number on Roll</i>
Enfield	..	..	..	..	..	..	..	134
Enfield Special Care Unit	..	..	..	..	..	..	..	23
Hanworth	..	..	..	..	..	..	..	75
Hanworth Special Care Unit	..	..	..	..	..	..	..	22*
Harrow	..	..	..	..	..	..	..	63
Hillingdon	..	..	..	..	..	..	..	90
Hillingdon Special Care Unit	..	..	..	..	..	..	..	24*
Friern Barnet	..	..	..	..	..	..	..	66
Friern Barnet Special Care Unit	..	..	..	..	..	..	..	12
Isleworth	..	..	..	..	..	..	..	90
Neasden	..	..	..	..	..	..	..	74
Hendon	..	..	..	..	..	..	..	69
Hendon Special Care Unit	..	..	..	..	..	..	..	26
Total								768

\* includes children attending on a part time basis.

*Friern Barnet Junior Training School.*—This is the second purpose built junior training school to be erected by the County Council for mentally handicapped children and replaces the temporary 60 place school formerly held in the Methodist Church Hall, Middle Lane, Hornsey.

The school occupies a site of 1.43 acres at Oakleigh Road North, Friern Barnet, and provides places for 92 boys and girls including a 12 place special care unit. The teaching areas are divided into three self-contained units each with its own entrance, cloakrooms and stores. A dining room is provided for the older children but those of the nursery and special care unit lunch in their own classrooms. The teaching staff consist of a supervisor, six assistant supervisors and three general duties assistants, as well as domestic staff.





*General Organisation.*—The aim at all the adult training centres is to train those attending to function at their highest possible level whether that be to work within the centre or in outside employment. In this way the trainees become more independent and are able to lead as full a life as possible. Experience gained at centres in the county shows that the trainees can operate machinery and turn out a high standard of product which hitherto would have been considered beyond their powers, all of which is most encouraging.

Work is undertaken for local firms on a contract basis and includes the assembly of electrical components and television parts, toy assembly, trimming of moulded rubber articles, construction of seed trays, drilling of metal parts, etc. Minor maintenance and general construction work, including gardening, is carried out at the centres by the trainees, and work schemes such as laundering at the Edmonton Adult Training Centre involving special machinery, and joinery at the Acton Lodge Adult Training Centre where lathes, bandsaw, circular saw, etc., have been installed are undertaken.

In order to make trainees more self sufficient, clogging in systems and cafeteria style dining rooms are in operation at most centres. In view of the industrial nature of the centres and the object of enabling as many trainees as possible to take their places in outside industry, all centres with the exception of Moorcroft and Uxbridge open for 40 hours per week, *i.e.* eight hours daily, Monday to Friday including a lunch break.

Payments on a scale ranging from 8s. to £2 per week are made to the trainees according to ability, diligence and application to the job, and are of course related to earnings.

Private hire coach transport is used to convey the trainees to and from the centres. These coaches operate on express routes and the trainees are expected to travel up to 2 miles to picking up points on the routes. Wherever possible trainees are encouraged to use public or other forms of transport.

A feature of the purpose built adult training centres at Edmonton and Acton Lodge is the provision of a classroom in which the subnormal adolescent may receive further education in its broadest sense.

*Edmonton Adult Training Centre.*—The County Council had been endeavouring to find a site for this project since 1954 but it was not until May, 1960, that the scheme to lease from the Edmonton Borough Council a two-storied factory premises on an industrial estate being erected by them, was approved. Prior to this at least 24 other sites had been examined and found unsuitable.

Pending the provision of a permanent centre a Church hall, *viz.* Bassishaw Hall, Bury Street, Edmonton, was used temporarily from the 8th February, 1960, for the training of 40 trainees (males and females), other patients living in this part of the county had since 17th March, 1958, been conveyed by coach daily to Acton Lodge Adult Training Centre, Isleworth.

These new premises specially constructed for the purpose at 12 Centre Way, Claverings Industrial Estate, Montagu Road, Edmonton, provide 120 places for trainees (males and females) and training started on 22nd January, 1962. Apart from the temporary use of Bassishaw Hall this was the first adult training centre to be established in the eastern part of the County. The establishment of the adult training centre on an industrial estate is of particular value, creating as it does the right working atmosphere for training of this nature.

These premises have been leased by the Borough Council to the County Council for a term of 21 years (with an option to renew for another 21 years) at a rent of £4,778 per annum exclusive.

A special feature of this centre is the provision of a commercial type laundry (the equipment for which cost approximately £15,500). Laundry work is undertaken for many of the County Council's establishments in the eastern part of the County such as old people's homes, children's homes, clinics, schools, etc. In addition to the laundry other machinery has been installed and a standard of accommodation and equipment is provided suitable for the needs of the trainees and to give conditions as near as possible to those obtaining in open industry.

The centre is on the first floor and at ground floor level there is a store, boiler house and delivery bay. Heating is by an oil-fired boiler for both general heating and the laundry. There is a dining room and meals are served on a cafeteria basis. The teaching staff consists of a supervisor/instructor, a laundry supervisor, a deputy supervisor/instructor, seven assistant supervisor/instructors together with domestic staff.

*Moorcroft Adult Training Centre.*—The number of places at the Moorcroft Adult Training Centre for girls was increased from 70 to 85 during the year. Adaptations were completed to allow more advanced contract work to be undertaken and the centre to accommodate both males and females. Arrangements are being made for males to be admitted to the centre early in the new year. The centre is not yet fully operating on industrial hours and holidays but these will be introduced when the centre is mixed.

*Southall Adult Training Centre.*—As a result of adaptations to the premises the number of places provided at the Southall Adult Training Centre was increased from 45 to 60 and the centre which was formally used for males only now accommodates both male and female adults.

*Acton Lodge Adult Training Centre.*—This centre comprises the old building which has been used for an adult training centre for the past seven years accommodating more recently 50 males and a new purpose built "factory" in the grounds which was opened in July, 1962. The centre now accommodates 140 adult males and females. The building and grounds cover .625 acres and the cost of erecting the new building including equipment was approximately £45,300.

The special features of this centre are the use of woodwork machinery, power operated tools and the use of large greenhouses, (at present in course of construction by the trainees) for horticultural work.

There is a dining room and meals are provided on a cafeteria basis.

*Brentford Adult Training Centre.*—The scheme whereby the Brentford Adult Training Centre has been established within a plastics factory continues to be an unqualified success. This scheme has been operating for approximately 2½ years and accommodation is now provided for 60 trainees who are engaged in the manufacture of well known branded plastic articles on a variety of operations such as rotary cutting, drilling, finishing and buffing involving the use of many power operated machines. It can be said with a great sense of



achievement that this scheme which started with six trainees working in a secluded part of the factory using only hand tools such as files and screwdrivers has done much to help them to become self-supporting, or at least partially so, and has played a major part towards personal independence, security, and contentment. It has proved beyond any doubt that even low grade severely subnormals can be trained and encouraged to undertake useful and remunerative tasks. They are less accident prone than the average person, and are able to work along side factory employees. Meals are taken in the works canteen.

*Uxbridge Adult Training Centre.*—On the 22nd August, 1962, a 60 place adult training centre for males opened at Fountains Mill, High Street, Uxbridge. These were formerly factory premises of some 27,000 square feet and were purchased at an approximate cost of £35,000. The cost of adaptations amounted to approximately £15,000. It is proposed to increase the number of places at this centre to 120 males and females early in 1963 and to introduce industrial working conditions.

*Training.*—The County Council's Training Officer, Miss M. E. Haskins, has submitted the following report:—

“ The second two year training course for teachers of the severely subnormal was successfully completed by written examination in July, 1962. Of the eight students who sat for the examination, all were successful but one student was deferred until further essays were submitted to the Examination Board.

Following the publication of the report of the Scott Committee, negotiations were taking place with the National Association for Mental Health with a view to the third training course run by the County Council, which commenced in September, 1962, being co-ordinated with future National Association for Mental Health courses. In the event of an agreement being reached, the students will be required to sit for the examination for the Diploma of the National Association for Mental Health.

There are twelve students on the present course between the ages of 18–25 years, the majority being grammar school leavers. All students are required to hold five passes at ordinary level in the General Certificate of Education examination, one of which must be English language.

*Outline of Course:—*

Two year course of 80 weeks (40 weeks per academic year).

## Theory

40 weeks, 2 days per week  $\begin{cases} 188 \text{ Lectures} \\ 20 \text{ Group discussions (2 groups of 6)} \end{cases}$

## Practical

40 weeks, wholetime	{	24 weeks. Observation and teaching practice in establishment other than parent school.
		16 weeks. Practical training in parent junior training school.

The lecture syllabus includes:—

Stages in child development (normal and severely subnormal).

Psychological aspects of education.

Medical aspects of severe subnormality.

Aspects of the relevant social services, child health and child care.

The work of the junior training school.

Day visits of observation are made to the following:—

Schools for the physically handicapped, blind and deaf, cerebral palsy unit, psychiatric hospital, juvenile courts and child guidance centres.

Practical teaching and observation periods are spent in:—

Nursery, infant and junior schools.

Schools for the educationally subnormal.

Hospital schools and industrial units.

Adult training centres and junior training schools.

There is considerable evidence that the greatly improved accommodation now provided in junior training schools (including two purpose built establishments), plus the increased number of qualified teaching staff, has resulted in a much higher standard which evokes a more rewarding response from the children.

Difficulty is experienced in appointing qualified staff other than those progressing from the County Council's in-service training course but the position is somewhat alleviated by the four supply supervisors employed to relieve at the schools during staff shortages.

It is proposed to organise a series of lectures and visits of observation for staffs of adult training centres, covering a period of six months. The purpose of this course is to give those staff with industrial experience an insight into the methods of training severely subnormal adults and, similarly, those staff with a knowledge of mental subnormality, an insight into industrial processes and workshop practices. It is envisaged that this course will be followed by a week-end conference to which staffs of other local authorities will be invited to attend.

As for junior training schools, the County Council employs two supply assistant supervisor instructors to relieve at adult training centres where there are staff shortages ”.

#### COMMUNITY CARE—PROJECTS IN HAND

Because of the emphasis laid upon community care of the mentally disordered in the Mental Health Act, 1959, the County Council in its building programme has made provision for setting up establishments for the care and training of all types of patients. Included in the programme are residential hostels, sheltered workshops and day centres for the mentally ill. Additional adult training centres, replacement buildings for certain existing junior training schools, a weekly boarding unit and hostels for the subnormal and severely subnormal are also included. It is anticipated that the following projects will come into operation during 1963 or early 1964:—



(a) A 19 place weekly residential boarding unit for severely subnormal children at "Moorcroft", Harlington Road, Hillingdon. This unit will be situated on the second floor of an existing building, which already houses the Hillingdon junior training school and Moorcroft adult training centre. The patients will be resident in the unit during the week and will attend the Hillingdon junior training school daily. They will normally return to their own homes during week-ends. Adaptation works on this project have been delayed due to necessary major structural alterations, but these should be completed to enable the unit to open in April, 1963.

(b) A 24 place special care unit to be built adjoining the existing Isleworth junior training school. It is anticipated that this unit will be opened in September, 1963.

(c) A hostel for 27 mentally ill patients at "Tanglewood", Common Road, Stanmore. This hostel, which will be in adapted premises, will be for employable men and women. This project was the subject of a planning enquiry before consent to proceed was given. It is anticipated that the hostel will be ready for occupation during the summer of 1963.

(d) A hostel for 30 mentally ill patients at Hayes Park, Hayes. This will be a purpose-built hostel for employable men and women, 15 places for each sex. This hostel was also the subject of a planning enquiry. It is anticipated that the hostel will be ready for occupation towards the end of 1963.

(e) An 11 place hostel for subnormal males at 191 Willesden Lane, N.W.10. This hostel which will be in adapted premises will accommodate employable young adults. It is anticipated that the hostel will be ready for occupation in October, 1963.

(f) An 80 place junior training school (plus a 24 place special care unit) in purpose built premises at Whittlesea Road, Harrow. This school is a replacement for the existing 72 place Harrow junior training school at Rayners Lane, Harrow. The building works are progressing satisfactorily and the premises are scheduled to open in November, 1963.

(g) A hostel for 30 mentally ill patients at Park House, Finchley. This hostel will be purpose-built and will be for employable patients of either sex, *i.e.* 15 males, 15 females. It is anticipated that building works will be completed early in 1964.

(h) A purpose built hostel for 30 mentally ill patients at Wood Lane, Isleworth. This hostel which will be for employable patients of either sex has been the subject of a planning enquiry. It is anticipated that the necessary building works will commence during the latter part of 1963.

(i) A hostel for 30 mentally ill patients at 84 Windmill Hill, Enfield. This hostel which will be in adapted premises will be for employable men and women—15 places for each sex. This project is also the subject of a planning enquiry but it is hoped that the necessary building works will commence in the latter part of 1963.

(j) A 90 place day centre for the mentally ill at the former clinic premises, Marlborough Hill, Wealdstone. This day centre will provide daily occupation for the elderly and a midday meal will be provided. The patients will be transported to and from the day centre by coach transport. It is anticipated that the centre will be ready for occupation early in 1964.

(k) Also included in the capital building programme for 1963/64 are five six place post hospital residential units which will be situated in each of the mental health divisions and run in co-operation with the psychiatric hospital from which the patients are discharged. These hostels will be set up in houses within easy reach of shopping centres and bus routes, etc., and will be run on the same lines as for 73 Wembley Park Drive, see page 58.

### **CIVIL DEFENCE AMBULANCE AND FIRST AID SECTION**

In time of emergency the ambulance and first aid section of the Civil Defence Corps, comprising volunteer members recruited from the general public would be integrated with the regular ambulance service to form the expanded Civil Defence Ambulance Service, which the County Council is required to provide in exercise of its civil defence powers. The County Medical Officer has been designated officer-in-charge of this service.

Whereas in peacetime the responsibilities of a local authority's ambulance service is in respect of journeys where the need for ambulance transport arises in that authority's area, in time of emergency these services would be highly mobile and grouped to make the best possible use of all ambulance resources, wherever they may be needed. The planning of a war-time ambulance and first aid service is, therefore, largely a question of making substantial additions to what already exists to form one comprehensive and fully integrated service, which can be deployed to operate satisfactorily under any conditions. The expanded service will be formed into ambulance columns and in order to make a balanced force, will be deployed with a forward medical aid unit so that:—

(a) the evacuation of casualties is carried out smoothly and quickly, ensuring constant and full use of the forward medical aid unit and the surgical capacity at hospitals;

(b) once deployed and allotted a task, they will continue to function for so long as required;

(c) ensure that the evacuation of casualties is under proper control throughout the operation.

It will be appreciated, therefore, that there is a real need to establish a highly trained force of volunteers in sufficient numbers to form an efficient nucleus to ensure rapid expansion at short notice should the need ever arise.

The intake of new recruits to the section has continued satisfactorily throughout the year, although at its close, the overall strength of 1,997 volunteers was somewhat lower than at the commencement. A change in national policy which provided for improved conditions of service dependent upon the fulfilment of precise obligations, enrolment for specific periods of time and the payment of an annual bounty was introduced in October and whilst there is little doubt that this will benefit recruitment in the long term, one immediate effect has been to reduce the immediate strength of the section.

Initial implementation of the scheme of reorganisation necessitated an increase in the staff of the ambulance service training school, at which two instructors are now engaged wholly on civil defence duties, and it seems likely that further additions will become necessary as the scheme gathers momentum.



Specialist courses have been held at week-ends, utilising the resources of the peacetime training school at which selected volunteers have qualified or re-qualified as part-time instructors. In addition, a series of courses and special one-day tactical studies for officers have been conducted and it is with pleasure that I record the enthusiasm which has been displayed by all volunteers in supporting these activities, some of which have, of necessity, extended over 11 consecutive week-ends. The success of centrally conducted courses is now proven and credit for this should properly be extended to the specialist staff of the training school, who displayed originality and ingenuity in presenting a difficult subject in a manner which captured the imagination of all participants.

Members of the section took part in several combined large scale exercises under arrangements made by the County Civil Defence Headquarters and invaluable experience was gained in operating under mobile conditions. Preliminary planning was commenced and tentative arrangements concluded with the Oxford Regional Hospital Board and adjacent authorities to conduct an exercise in the spring of 1963, with the object of testing the ability of a complete ambulance column to occupy the full capacity of a forward medical aid unit over a continuous period of some 9 hours, during which upwards of 650 casualties will be moved over realistic distances.

Towards the latter part of the year, a programme to replace the entire civil defence ambulance fleet of 37 ambulances and 10 personnel and equipment vehicles was submitted to the Ministry of Health, and it is understood that the first phase, comprising 10 new purpose-built ambulance vehicles will be delivered early in 1963.

The work of the section was publicised on many occasions during the year at appropriate functions and exhibitions organised by local authorities within the division.

## **PUBLIC HEALTH ACT, 1936**

### **Nursing Homes**

The County Council's responsibility for the registration and supervision of nursing homes throughout the County, with the exception of the Borough of Ealing, remains unchanged.

There were at the end of the year 30 nursing homes providing 530 beds, including 12 maternity beds.

In accordance with that part of the Public Health Act as amended by the Mental Health Act, 1959, five nursing homes receiving 251 psychiatric patients only are now on a separate register, and are inspected by a medical officer in the mental health section. A sixth which receives 26 medical, chronic and psychiatric patients is on both registers. All nursing homes receiving surgical, medical, chronic and maternity patients have visits of inspection approximately four times a year, and more often when it is necessary. An officer from the fire service accompanies the inspecting medical or nursing officer on an annual inspection to advise on fire prevention measures.

There are 10 nursing homes providing 695 beds, including 22 maternity beds, which are certified as suitable for exemption from registration, being run on a non-profit making basis. This is an increase of one from the previous year, since the Nursing and Old Persons' Home, "Trees", previously registered by the County Council in a dual capacity and owned by Hill Homes Ltd., was granted exemption following application in March, 1962. The same company applied for exemption for a new nursing home which is being built in the grounds of one of their other establishments. These premises are nearing completion and when occupied will provide 30 beds. The exemption was granted on the 18th December, 1962.

There were 7 amendments to registrations in nursing homes during the year, one being the opening of a new wing having 12 additional beds at Sunbury Nursing Homes.

### **NATIONAL ASSISTANCE ACT, 1948**

Regular visits of inspection were made to residential homes within the County provided by the Council under Part III of the National Assistance Act.

### **NURSES AGENCIES ACT, 1957**

Seven visits of inspection were made by a principal medical officer to nurses agencies, with appropriate officers of the public control department.

No new agencies were registered—one agency had a transfer of ownership, and two agencies did not apply for re-registration in 1962.

During the latter part of the year, an investigation which was not completed by 31st December was being undertaken into the affairs of one agency where irregularities in procedure had come to light during visits of inspection.

### **MEDICAL ASSESSMENTS AND MEDICAL REPORTS**

This branch of the work of the department concerning (a) medical assessments of candidates for appointment to the Council's service and (b) medical reports on staff at the request of employing committees, has remained fairly constant for some years and I have no further observations to add to previous reports on this subject.

The number of medical assessments during the year was 9,036 (an increase of just under 1,000 over last year's figure) and of these 935 were given after medical examination. The practice of selective medical examination again shows that only just over 10 per cent. of all candidates for appointment to the Council's staff were required to undergo a full medical examination. There is no doubt that this method results in a great saving in the time of professional staff and it would appear to achieve the desired results at a very low cost.

The number of special medical reports requested on individual members of the staff, or in connection with matters relating to the Council's other responsibilities, *e.g.* the issuing of driving licences or in the defence of legal actions against the County Council remained about the same level as in previous years.



## REFUSE DISPOSAL

Regular visits were made by the County Council's inspecting officer to sites authorised under Section 222 of the Middlesex County Council Act, 1944 where a refuse tip was being operated for disposal of refuse which had been collected from outside the district in which the tip was situated. The attention of the tip operators was drawn to any breaches of consent which were observed or where it was considered the methods of tipping could be improved.

This section of the department's work is one of the important parts of the process by which the community obtains the sand and gravel needed for modern building construction on the one hand, and by which, on the other, it disposes of unwanted refuse, the final result in many cases being the provision of valuable playing fields and open spaces.

## MAIN DRAINAGE AND SEWAGE DISPOSAL

I am indebted to Mr. S. H. Dainty, B.Sc., M.I.C.E., M.I.S.P., Chief Engineer of the Main Drainage Department for the following report:—

“The expansion and development of the main drainage services in Middlesex has continued throughout 1962.

This was the first year of operation of Part V of the Public Health Act, 1961, which deals with amendments to the law relating to the discharge of trade effluents into public sewers.

Broadly it enables local authorities to make charges and impose conditions in respect of certain trade effluents which previously were exempted from the provisions of the Public Health (Drainage of Trade Premises) Act, 1937. The Minister may by order classify other effluents as trade effluents. Laundry effluents continue to be exempted unless the Minister makes an order on the application of the local authority that the discharge is likely to overload a sewer or cause special difficulties or expense in treatment and disposal.

The new Act can have far reaching effects on the control of trade effluents, and the West and East Middlesex Drainage Committees have approved the implementation of this part of the Act in collaboration with the local authorities, and have taken steps to expand the present trade effluent control organisation and laboratories of the main drainage department to cope with the heavy additional commitment.

*West Middlesex Undertaking.*—The year was noteworthy for the bringing into operation on 9th October, 1962, of the new £1 million West Side Extensions to the Mogden Purification Works.

In post war years the Mogden effluent deteriorated as a result of the widespread use of synthetic detergents combined with increased pollution load and it was largely on account of these factors that the extensions were put in hand. The benefits anticipated from the new plant have been immediately apparent and the effluent discharged to the River Thames has now been restored to its earlier high quality.

The Mogden Works is now built to deal with the pollution load received from a population of 1,500,000.

Over the years the main drainage department has undertaken considerable research in efforts to evolve a more efficient method of sludge drying and lifting. Mechanical lifting from open air drying beds has been shown to offer the greatest possibilities in both respects. The County Council has now approved the modification of the sludge drying beds at the Perry Oaks Sludge Disposal Works and the installation of full mechanisation at an estimated cost of £193,000 but for operational reasons the work entailed will need to be phased over three or four years.

During the year the number of visitors who inspected the Mogden Works was 1,488, including 660 from the medical services.

*East Middlesex Undertaking.*—In East Middlesex the construction of the main trunk sewers, the new purification works at Deephams, and the sludge disposal works at Ramney Marsh, has continued, but engineering difficulties have delayed completion. When completed the plant will be capable of dealing with a population of 700,000.

Consequent on the delay, a number of local authority works have continued to operate under considerable difficulties. The Deepham Works is, however, in sight of completion, and it is hoped to commence the programme of diversion of sewage from the constituent local authorities in the Spring of 1963 ”.

## INSPECTION AND SUPERVISION OF FOOD

### MILK PRODUCTION AND DISTRIBUTION

In accordance with the Milk (Special Designation) (Specified Areas) Order, 1951, only sterilised, pasteurised or tuberculin tested milk may be retailed in the county.

At the end of 1962, 67 dairy farmers and farms were registered with the Ministry of Agriculture, Fisheries and Food under the Milk and Dairies (General) Regulations, 1959. Six “Tuberculin Tested” licences were issued and two renewed during the year and the total number of such licences in operation at 31st December, 1962, was 65.

As from the 1st January, 1961, in accordance with the Milk (Special Designation) Regulations, 1960, the County Council became responsible for issue of licences in respect of all premises from which pasteurised and sterilised milk are sold. During the year 1962, 238 licences were issued under the Regulations and 1330 premises were inspected by officers of the public control department to see that the conditions under which the milk was stored were satisfactory.

1,266 samples, details of which are set out in the table below, have been procured. Two hundred and thirty three washed bottle samples were taken to check the efficiency of bottle washing apparatus in use on the premises of the dealer-pasteurisers and dealer-sterilizers licensed by the County Council. There are now 20 dealer-pasteurisers and 2 dealer-sterilizers who process milk in the county. This is 4 fewer than last year.



SPECIAL DESIGNATED MILK SAMPLES

Description.	Passed.	Failed.	Test void.	Number examined.
<i>Pasteurised Milk</i>				
Phosphatase test .. ..	630	1	—	631
Methylene Blue test .. ..	615	4	12	
<i>T.T. Pasteurised Milk</i>				
Phosphatase test .. ..	387	1	—	388
Methylene Blue test .. ..	378	4	6	
<i>T.T. Raw Milk</i>				
Methylene Blue test .. ..	2	—	—	2
<i>Sterilized Milk</i>				
Turbidity test .. ..	245	—	—	245
				1,266

In addition samples of milk are regularly procured for examination for the presence of tubercle bacilli. In this connection statistics for the past ten years are as follows:—

Tear.	Number of samples for which a definite result was obtained.	Number containing live tubercle bacilli.	Percentage of tubercle infested milk.
1953 .. ..	384	7	1·8
1954 .. ..	384	7	1·8
1955 .. ..	384	4	1·0
1956 .. ..	364	3	0·8
1957 .. ..	373	4	1·1
1958 .. ..	346	1	0·3
1959 .. ..	336	—	—
1960 .. ..	340	1	0·3
1961 .. ..	356	—	—
1962 .. ..	336	—	—

In previous years it has been the practice to report the numbers of cattle examined by the veterinary officers of the Ministry of Agriculture, Fisheries and Food, together with the numbers in which tuberculosis was suspected and the number slaughtered under the Tuberculosis Order, 1938.

Since the County of Middlesex was declared an Attested Area under the Tuberculosis (Area Eradication) Order, 1950 on 1st October, 1959, the Ministry have suggested that they limit their report to the County Council to such positive information as would be of interest. The information so reported for 1962 is as follows:—

No. of herds in county at 31st December, 1962 .. ..	173
No. of herds in which reactors to the tuberculin test disclosed ..	1
No. of reactors disclosed .. .. .	1

## SALE OF FOOD AND DRUGS

The Acts and Regulations governing the conditions of sale and quality of food and drugs are administered by the public control department of the County Council. I set out below extracts from the report I have received from the Chief Officer, Mr. J. A. O'Keefe, O.B.E., B.Sc.(Econ.) Barrister-at-Law on the work of his department during 1962.

*Food and Drugs Act, 1955.*—During the year ended 31st December, 1962, a total of 1,064 samples of food and drugs were submitted to the Public Analyst. A detailed list of these samples appears below.

## SAMPLES SUBMITTED TO THE PUBLIC ANALYST JANUARY–DECEMBER, 1962

Articles.	Total procured.	Unsatisfactory.
Milk (new) .. .. .	13	6
Milk (various) .. .. .	14	5
Milk (evaporated) .. .. .	11	—
Bread and Flour .. .. .	10	5
Butter and Margarine .. .. .	34	2
Cakes and Biscuits .. .. .	52	8
Cake Mixes .. .. .	6	—
Cheese .. .. .	34	2
Chipped Potatoes .. .. .	5	3
Coffee (Instant) .. .. .	33	1
Drugs .. .. .	47	1
Fish Products .. .. .	40	1
Fruit (all kinds) .. .. .	42	5
Fruit Juice and Soft Drinks .. .. .	109	4
Ground Almonds .. .. .	8	—
Ice Cream .. .. .	10	—
Jelly .. .. .	30	—
Lard and Cooking Fat .. .. .	21	—
Meat and Meat Products .. .. .	100	14
Milk Shake .. .. .	7	1
Mincemeat .. .. .	13	1
Mustard and Pepper .. .. .	18	—
Oil (cooking, etc.) .. .. .	15	—
Preserves .. .. .	64	—
Rice Pudding .. .. .	9	—
Sauces and Pickles .. .. .	49	—
Sausages .. .. .	21	2
Soup .. .. .	10	—
Suet .. .. .	4	—
Sweets and Chocolate .. .. .	69	6
Vegetables .. .. .	40	8
Vinegar .. .. .	3	—
Christmas Pudding .. .. .	4	—
Miscellaneous .. .. .	119	6
Totals .. .. .	1,064	81

The circumstances of each unsatisfactory sample were considered and where appropriate cautions were sent or court action taken which resulted in fines totalling £114 together with costs totalling £116 10s. 0d., being awarded.



*Examination of Natural Foods.*—During the normal routine inspection which is carried out under the Weights and Measures and Merchandise Marks Acts, the inspectors of the department regularly examine labelled displays and stacks of natural foods to see whether or not the labels and descriptions applied are accurate. Because the inspectors have acquired a considerable expertise, many of these natural foods are readily identifiable by them at sight. Below I give a table which shows the numbers and types of foods so inspected in 3,718 retail shops.

Fish .. .. .	1,100
Meat .. .. .	2,363
Apples .. .. .	3,179
Citrus Fruit .. .. .	1,563
Vegetables .. .. .	935
Plums .. .. .	84
Potatoes .. .. .	613
Offal .. .. .	1,250
Others .. .. .	328
Total ..	11,415

Whenever there is doubt as to the correctness or accuracy of the descriptions applied, formal samples are procured for examination and for the application of such physical examination as may be necessary in order to determine the correctness of the description. The inspectors of the department examine samples, and if necessary invoke the aid of an expert to confirm their views. The table below shows the number of such samples procured during 1962.

Article.	Total samples procured.	Unsatisfactory.
Milk .. .. .	Nil	—
Bacon .. .. .	10	1
Fish (fresh and smoked) .. .. .	263	7
Fruit (fresh) .. .. .	374	16
Fruit (canned) .. .. .	62	—
Liver and Offal .. .. .	284	10
Meat (all kinds) .. .. .	248	8
Vegetables .. .. .	12	3
Miscellaneous .. .. .	19	3
Totals .. .. .	1,272	48

Court action was taken in regard to a number of these unsatisfactory samples resulting in fines of £115 and costs of £35 14s. od., being awarded. In a number of other cases cautionary letters were sent.

*Preliminary Examination of Foods.*—The system of careful selection of foods and drugs sampled continues. During the year 5,850 foods were subjected to preliminary examination in the department; of these 86 required further investigation and were sampled formally.

*The Labelling of Food Order, 1953.*—This Order requires the name and address of the packer or labeller, or a registered trade mark to appear on the label of the majority of foodstuffs together with a list of the ingredients of which the food is composed. The Order requires foods to be described by their common or usual name or, in the case of single ingredient articles, the appropriate designation, and also lays restrictions on the manner in which the presence of vitamins and certain minerals may be declared. In connection with the enforcement of the Order, visits were made to 4,429 premises during the course of which 22,598 articles of food were examined. A number of infringements were discovered but in no case was the infringement considered to be sufficiently serious to warrant prosecution. Five importers and manufacturers were written letters of warning for having failed to declare the ingredients on labels in a conspicuous manner; six were reminded of the obligation to state name and address or to show a registered trade mark; in two cases the foods were not given the usual names; and in six cases there was failure to declare the ingredients of articles, on the label of which there should have been such a declaration.

*Misleading Advertisements and Labels.*—The scrutiny of labels and advertisements issued by manufacturers is undertaken in conjunction with sampling of foods and with the general labelling inspection work detailed in the previous paragraph. In a number of cases the manufacturers were challenged and as a result the labels and advertisements were amended.

*Merchandise Marks Acts, 1887–1953.*—Enforcement under the Merchandise Marks Acts falls into two main categories. The 1926 Act and the Orders in Council made under it provide control on the marking of origin of various sorts of foods imported into this country from the Empire and from foreign countries. The Orders have the effect of requiring imported foods such as meat, bacon, apples, tomatoes and honey to be marked either “Foreign” or “Empire” or with the name of the country of production. The effect of the 1887 Act as amended by the 1953 Act is to prohibit a variety of false trade descriptions including wrongful descriptions as to the place of production.

During the year now under review, visits of inspections in connection with the enforcement of the Acts were made to 5,781 premises and involved the inspection of 16,932 stacks and displays of foodstuffs. In the main the Orders requiring a definite indication of origin are well complied with, but there have been occasions upon which failure to mark the origin have been reported to me. In addition to minor infringements which have been dealt with by verbal warnings court action was taken in a number of cases resulting in fines of £787 and costs of £75 12s. od., being awarded.



APPENDIX

STAFF

*County Medical Officer of Health and Principal School Medical Officer :*

A. C. T. Perkins, M.C., M.D., B.S., D.P.H. (Retired 31.7.62)

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H. (Appointed 1.8.62)

*Deputy County Medical Officer of Health and Deputy Principal School Medical Officer :*

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H. (Promoted 1.8.62)

A. M. Nelson, M.B., Ch.B., D.P.H. (Appointed 1.11.62)

*Principal Medical Officers :*

Mental Health Service .. P. A. Bennett, M.B., Ch.B.

Staff; Care and After Care Service J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.

School Health Service .. Mrs. E. J. Madeley, M.B., Ch.B., D.P.H.,  
D.M.R. & E.

Maternity and Child Welfare Service Mrs. A. P. Whitfield, M.B., B.S., M.R.C.S.,  
L.R.C.P.

These are the primary duties of the Principal Medical Officers but they carry out other duties including deputising for one another.

*Chest Physicians :*

(Joint appointments by County Council and Regional Hospital Boards.)

P. E. Baldry, M.B., B.S., M.R.C.P. R. Grenville-Mathers, M.A., M.D.,  
Miss B. A. Butterworth, M.B., M.R.C.P., F.R.F.P.S.

M.R.C.P., M.R.C.S. J. T. Nicol-Roe, M.D., Ch.B., D.P.H.

J. Vernon Davies, M.D., M.B., B.S., M.R.C.P. C. H. C. Toussaint, M.R.C.S.,  
L.R.C.P., D.P.H.

R. Heller, M.D. H. J. Trenchard, M.B., Ch.B.,

H. Climie, M.D., Ch.B., D.P.H. M.R.C.P., D.M.R.(D.).

T. A. C. McQuiston, M.D., M.B., D.P.H.

*Chief Dental Officer and Principal  
School Dental Officer :*

K. C. B. Webster, L.D.S.R.C.S. Miss R. D. Fidler, M.R.C.S., L.R.C.P.,  
D.P.H.

R. C. Greenberg, M.B., B.S., D.P.H.

*Senior Medical Officers—  
Mental Health :*

*Senior Medical Officer—London Airport :*

P. R. Cooper, M.A., B.M., B.Ch., M.R.C.S., L.R.C.P., D.T.M., D.P.H.

<i>Area</i>	<i>Area Medical Officers:</i>	<i>Area Dental Officers:</i>
No. 1	W. D. Hyde, M.B., Ch.B., D.P.H.	E. Underhill, L.D.S.R.C.S.
No. 2	W. C. Harvey, M.D., D.P.H.	G. S. Williams, L.D.S.R.C.S. (Retired 4.11.62)
No. 3	G. Hamilton Hogben, M.R.C.S. D.P.H.	Miss W. Hunt, L.D.S.R.F.P.S. (Glas.).
No. 4	Miss K. M. Bodkin, M.R.C.S., L.R.C.P., D.P.H.	R. L. James, L.D.S.R.C.S. (Edin.), (Appointed 22.1.62)
No. 5	Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law (Retired 31.5.62) W. Cormack, M.B., Ch.B., D.P.H. (Appointed 1.11.62)	A. G. Brown, L.D.S.R.C.S.
No. 6	E. Grundy, M.D., D.P.H. S. Leff, M.D., D.P.H., Barrister- at-Law.	A. D. Henderson, L.D.S., D.P.D.
No. 7	W. G. Booth, M.D., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	L. C. Mandeville, L.D.S.R.C.S.
No. 8	O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.	G. M. Davie, L.D.S.R.F.P.S. (Glas.).
No. 9	A. Anderson, M.D., D.P.H.	D. H. Norman, L.D.S.R.C.S., B.D.S.
No. 10	J. Maddison, M.D., B.S., D.P.H.	G. H. Tucker, L.D.S.R.C.S.

*County Council Establishments of:—*

\*

Area Medical Officers	.. .. .	10
Deputy Area Medical Officers	.. .. .	10
Senior Assistant Medical Officers	.. .. .	12
Assistant Medical Officers	.. .. .	87
Senior Airport Medical Officer	.. .. .	1
Airport Medical Officers	.. .. .	6
Area Dental Officers	.. .. .	10
Orthodontists	.. .. .	13
Dental Officers	.. .. .	96
Dental Surgery Assistants	.. .. .	132
Dental Hygienists	.. .. .	3
Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	.. .. .	10
Deputy Area Superintendent of Home Nurses and Non-Medical Supervisor of Midwives	.. .. .	7
Deputy Superintendent of Home Nurses	.. .. .	3
District Midwives	.. .. .	160
Home Nurses	.. .. .	305



\*

Area Superintendent Health Visitors .. .. .	10
Deputy Area Superintendent Health Visitors .. .. .	10
Health Visitors and School Nurses .. .. .	360
Tuberculosis Visitors .. .. .	39
Airport Nurses .. .. .	7
Airport Clerk/Receptionists .. .. .	13
Physiotherapists .. .. .	18
Speech Therapists .. .. .	29
Chiropodists .. .. .	20
Orthoptists .. .. .	6
Audiometricians .. .. .	14
Special Services Almoners .. .. .	3
Chest Clinic Welfare Officers .. .. .	10
Chest Clinic Assistant Welfare Officers .. .. .	6
County Psychiatric Social Work Organiser .. .. .	1
Psychiatric Social Workers .. .. .	10
Divisional Mental Welfare Officers .. .. .	5
Mental Welfare Officers .. .. .	31
Home Help Organisers .. .. .	10
Assistant Home Help Organisers .. .. .	24
Home Helps .. .. .	1,250
Mother and Baby Homes Matrons .. .. .	4
Mother and Baby Homes Deputy Matrons .. .. .	4
Tuberculosis Rehabilitation Workshop Supervisor/Instructor .. .. .	1
Hostel for Homeless Men Warden .. .. .	1
Hostel for Homeless Men Assistant Warden .. .. .	1
Junior Training Schools Training Officer .. .. .	1
Junior Training Schools Supervisors .. .. .	8
Junior Training Schools Supply Supervisors .. .. .	4
Junior Training Schools Assistant Supervisors .. .. .	52
Junior Training Schools Trainees .. .. .	9
Junior Training Schools Senior Physiotherapist .. .. .	1
Adult Training Centres Supervisor/Instructors .. .. .	5
Adult Training Centres Senior Instructors .. .. .	3
Adult Training Centres Instructors .. .. .	29
Adult Training Centres Supply Instructors .. .. .	2
Adult Training Centres Laundry Supervisor .. .. .	1
Adult Training Centres Supervisor .. .. .	1
Adult Training Centres Assistant Supervisors .. .. .	6
Rehabilitation Day Centre Senior Occupational Therapist .. .. .	1
Rehabilitation Day Centre Occupational Therapist .. .. .	1
Weekly Boarding Unit Matron .. .. .	1
Weekly Boarding Unit Assistant Matron .. .. .	1
Health Education Officer .. .. .	1
Technical Assistant (Health Education) .. .. .	1
Dental Workshops Chief Technicians .. .. .	2
Dental Workshops Senior Technician in Charge .. .. .	1
Dental Workshops Senior Technicians .. .. .	11

						*
Dental Workshops Dental Technician	..	..	..	..	..	1
Dental Workshops Dental Apprentices	..	..	..	..	..	5
Administrative and Clerical Staff	..	..	..	..	..	519

\* To nearest whole number.

STATISTICS

In some of the following statistical tables, separate figures are given for each of the ten administrative health areas. For the convenience of readers a list is given below of the County districts comprising each area.

- Area 1. Edmonton; Enfield.
- Area 2. Friern Barnet; Potters Bar; Southgate; Wood Green.
- Area 3. Hornsey; Tottenham.
- Area 4. Finchley; Hendon.
- Area 5. Harrow.
- Area 6. Wembley; Willesden.
- Area 7. Acton; Ealing.
- Area 8. Hayes & Harlington; Ruislip-Northwood; Uxbridge; Yiewsley & West Drayton.
- Area 9. Brentford & Chiswick; Heston & Isleworth; Southall.
- Area 10. Feltham; Staines; Sunbury; Twickenham.



## Statistical Tables

TABLE I  
ACREAGE AND POPULATION

Boroughs and Urban Districts.  (1)	Acreage. (1961 census)  (b) (2)	Census population.			Registrar General's estimated home population, June, 1962 (6)	Number of separately rated dwellings, 1st April, 1962 (7)	Average number of persons per dwelling. (8)
		1931. (a) (3)	1951. (4)	1961. (5)			
Acton (Borough)	2,319	70,008	67,471	65,586	64,960	18,475	3·5
Brentford and Chiswick (Borough) ..	2,332	63,217	59,367	54,833	55,200	16,283	3·4
Ealing (Borough)	8,781	116,771	187,323	183,077	183,300	54,144	3·4
Edmonton (Borough) ..	3,895	77,658	104,270	91,956	91,440	28,028	3·3
Enfield (Borough)	12,399	67,752	110,465	109,542	109,670	33,700	3·3
Feltham .. ..	4,925	16,066	44,861	51,047	51,710	15,134	3·4
Finchley (Borough) ..	3,478	59,113	69,991	69,370	69,150	21,052	3·3
Friern Barnet ..	1,342	22,715	29,163	28,813	28,370	8,173	3·5
Harrow (Borough)	12,555	96,656	219,494	209,080	209,600	65,342	3·2
Hayes and Harlington ..	5,159	22,969	65,596	67,915	68,310	20,305	3·4
Hendon (Borough)	10,369	115,640	155,857	151,843	150,720	45,405	3·3
Heston and Isle- worth (Borough)	7,218	76,254	106,847	103,013	102,680	30,729	3·3
Hornsey (Borough)	2,871	95,416	98,159	97,962	97,720	24,695	4·0
Potters Bar ..	6,129	5,720	17,172	23,376	23,530	7,476	3·1
Ruislip- Northwood ..	6,583	16,035	68,288	72,791	74,820	22,573	3·3
Southall (Borough) ..	2,608	38,839	55,896	52,983	54,120	14,726	3·7
Southgate (Borough) ..	3,765	56,063	73,377	72,359	71,370	22,977	3·1
Staines .. ..	8,271	21,336	39,995	49,838	51,000	15,023	3·4
Sunbury .. ..	5,609	13,449	23,394	33,437	34,540	10,283	3·4
Tottenham (Borough) ..	3,013	157,667	126,929	113,249	113,020	30,177	3·7
Twickenham (Borough) ..	7,014	79,299	105,663	100,971	102,500	31,190	3·3
Uxbridge (Borough) ..	10,240	31,887	55,960	63,941	64,470	18,089	3·6
Wembley (Borough) ..	6,294	65,799	131,384	124,892	124,900	39,197	3·2
Willesden (Borough) ..	4,633	185,025	179,697	171,001	171,230	44,240	3·9
Wood Green (Borough) ..	1,606	54,308	52,228	47,945	47,510	14,261	3·3
Yiewsley and West Drayton ..	5,276	13,066	20,468	23,723	23,930	6,703	3·6
THE COUNTY ..	148,687	1,638,728	2,269,315	2,234,543	2,239,770	658,380	3·4

(a) All census populations for 1931 have been adjusted to relate to the districts as now constituted.

(b) Difference of 3 acres between County acreage and total of District acreages is due to rounding off of the figures to the nearest unit.

TABLE 2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE  
COUNTY OF MIDDLESEX, 1962

Causes of Death.	All Ages.	0—	1—	5—	15—	25—	45—	65—	75—
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Tuberculosis—respiratory ..	111	—	—	—	1	16	50	30	14
2. Tuberculosis—other .. ..	10	—	—	—	2	4	2	—	2
3. Syphilitic disease .. ..	38	—	—	—	—	2	6	19	11
4. Diphtheria .. ..	—	—	—	—	—	—	—	—	—
5. Whooping cough .. ..	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ..	2	1	1	—	—	—	—	—	—
7. Acute poliomyelitis .. ..	1	—	—	—	—	1	—	—	—
8. Measles .. ..	1	—	—	1	—	—	—	—	—
9. Other infective and parasitic diseases .. ..	44	4	4	1	2	3	16	9	5
10. Malignant neoplasm—stomach .. ..	570	—	—	—	2	14	182	185	187
11. Malignant neoplasm—lung, bronchus .. ..	1,388	—	—	—	—	38	732	416	202
12. Malignant neoplasm—breast	541	—	—	—	—	45	271	113	112
13. Malignant neoplasm—uterus	173	—	—	—	—	16	77	50	30
14. Other malignant and lymphatic neoplasms ..	2,322	2	5	15	19	97	804	654	726
15. Leukaemia aleukaemia ..	137	—	6	7	10	20	34	36	24
16. Diabetes .. ..	157	—	—	—	2	12	27	55	61
17. Vascular lesions of nervous system .. ..	2,804	1	1	3	10	35	447	682	1,625
18. Coronary disease, angina ..	4,901	1	—	—	1	87	1,465	1,476	1,871
19. Hypertension with heart disease	454	—	—	—	—	2	63	122	267
20. Other heart disease .. ..	2,758	—	—	2	4	45	311	456	1,940
21. Other circulatory disease ..	1,312	—	—	1	1	24	207	316	763
22. Influenza .. ..	85	—	1	—	3	3	12	13	53
23. Pneumonia .. ..	1,457	101	12	4	4	13	141	242	940
24. Bronchitis .. ..	1,491	20	8	2	3	9	327	460	662
25. Other diseases of the respiratory system .. ..	205	2	4	4	3	6	58	57	71
26. Ulcer of stomach and duodenum .. ..	250	—	—	—	1	4	56	64	125
27. Gastritis, enteritis and diarrhoea	107	4	1	—	1	4	15	29	53
28. Nephritis and nephrosis ..	129	1	—	1	5	13	38	27	44
29. Hyperplasia of prostate ..	123	—	—	—	—	1	10	26	86
30. Pregnancy, childbirth, abortion	11	—	—	—	—	10	1	—	—
31. Congenital malformations ..	252	173	13	10	7	12	29	4	4
32. Other defined and ill defined diseases .. ..	1,745	414	17	12	19	88	331	309	555
33. Motor vehicle accidents ..	277	1	4	17	55	45	66	32	57
34. All other accidents .. ..	418	6	11	12	25	52	73	53	186
35. Suicide .. ..	283	—	—	—	13	61	134	52	23
36. Homicide and operations of war .. ..	11	1	1	3	2	2	2	—	—
All causes .. ..	24,568	732	89	95	195	784	5,987	5,987	10,699
Proportionate age group mortality	100	3.0	0.3	0.4	0.8	3.2	24.4	24.4	43.5



TABLE 3  
VITAL STATISTICS, 1962—HEALTH AREAS

Health Areas.	Home population. Mid 1962 Estimate.	Births registered.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Deaths registered (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1 .. ..	201,110	2,880	180	3,060	52	3	55	2,932	183	3,115	15.2	17.7	2,181	10.8	61	19.9	Area 1
Area 2 .. ..	170,780	2,337	162	2,499	40	2	42	2,377	164	2,541	14.6	16.5	2,208	12.9	47	18.8	Area 2
Area 3 .. ..	210,740	3,997	516	4,513	71	8	79	4,068	524	4,592	21.4	17.2	2,602	12.3	101	22.4	Area 3
Area 4 .. ..	219,870	3,045	212	3,257	34	6	40	3,079	218	3,297	14.8	12.1	2,444	11.1	55	16.9	Area 4
Area 5 .. ..	209,600	3,079	167	3,246	39	5	44	3,118	172	3,290	15.5	13.4	2,190	10.4	73	22.5	Area 5
Area 6 .. ..	296,130	5,152	845	5,997	95	22	117	5,247	867	6,114	20.3	19.1	3,187	10.8	121	20.2	Area 6
Area 7 .. ..	248,260	3,829	308	4,137	49	9	58	3,878	317	4,195	16.7	13.8	2,794	11.3	53	12.8	Area 7
Area 8 .. ..	231,530	3,725	185	3,910	58	7	65	3,783	192	3,975	16.9	16.4	2,052	8.9	72	18.4	Area 8
Area 9 .. ..	212,000	3,189	309	3,498	53	4	57	3,242	313	3,555	16.5	16.0	2,545	12.0	74	21.2	Area 9
Area 10 .. ..	239,750	4,123	197	4,320	58	4	62	4,181	201	4,382	18.0	14.1	2,365	9.9	75	17.4	Area 10
THE COUNTY ..	2,239,770	35,356	3,081	38,437	549	70	619	35,905	3,151	39,056	17.2	15.8	24,568	11.0	732	19.0	THE COUNTY





TABLE 4  
VITAL STATISTICS, 1962—SANITARY DISTRICTS

Sanitary district.	Home population (Mid 1962 estimate)	Births registered.									Crude live birth rate per 1,000 home population	Birth comparability factor*	Adjusted live birth rate per 1,000 home population	Still birth rate per 1,000 total (live and still) births	Deaths registered (all causes)	Crude death rate per 1,000 home population	Death com- parability factor*	Adjusted death rate per 1,000 home population	Number of deaths of infants under 1 year of age	Infantile mortality rate per 1,000 live births	Sanitary district.
		Live			Still			Total													
		Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton .. .. .	64,960	1,055	123	1,178	20	3	23	1,075	126	1,201	18.1	0.95	17.2	19.2	730	11.2	1.01	11.3	17	14.4	Acton.
Brentford and Chiswick ..	55,200	897	119	1,016	13	1	14	910	120	1,030	18.4	0.96	17.6	13.6	687	12.4	0.96	11.9	21	20.7	Brentford and Chiswick.
Ealing .. .. .	183,300	2,774	185	2,959	29	6	35	2,803	191	2,994	16.1	0.97	15.6	11.7	2,064	11.3	1.06	11.9	36	12.2	Ealing.
Edmonton .. .. .	91,440	1,282	90	1,372	28	3	31	1,310	93	1,403	15.0	1.01	15.2	22.1	1,009	11.0	1.06	11.7	26	19.0	Edmonton.
Enfield .. .. .	109,670	1,598	90	1,688	24	—	24	1,622	90	1,712	15.4	1.01	15.6	14.0	1,172	10.7	1.09	11.7	35	20.7	Enfield.
Feltham .. .. .	51,710	954	40	994	14	—	14	968	40	1,008	19.2	0.98	18.8	13.9	423	8.2	1.61	13.2	19	19.1	Feltham.
Finchley .. .. .	69,150	1,044	74	1,118	10	—	10	1,054	74	1,128	16.2	0.96	15.6	8.9	815	11.8	0.90	10.6	15	13.4	Finchley.
Friern Barnet .. .. .	28,370	324	25	349	5	—	5	329	25	354	12.3	1.12	13.8	14.2	445	15.7	0.71	11.1	8	22.9	Friern Barnet.
Harrow .. .. .	209,600	3,079	167	3,246	39	5	44	3,118	172	3,290	15.5	1.04	16.1	13.4	2,190	10.4	1.16	12.1	73	22.5	Harrow.
Hayes and Harlington ..	68,310	1,171	53	1,224	23	—	23	1,194	53	1,247	17.9	0.96	17.2	18.4	511	7.5	1.59	11.9	25	20.4	Hayes and Harlington.
Hendon .. .. .	150,720	2,001	138	2,139	24	6	30	2,025	144	2,169	14.2	0.96	13.6	13.8	1,629	10.8	1.05	11.3	40	18.7	Hendon.
Heston and Isleworth ..	102,680	1,326	91	1,417	22	1	23	1,348	92	1,440	13.8	1.00	13.8	16.0	1,122	10.9	1.06	11.6	29	20.5	Heston and Isleworth.
Hornsey .. .. .	97,720	2,020	260	2,280	37	2	39	2,057	262	2,319	23.3	0.94	21.9	16.8	1,178	12.1	0.89	10.8	50	21.9	Hornsey.
Potters Bar .. .. .	23,530	373	19	392	5	—	5	378	19	397	16.7	0.89	14.9	12.6	198	8.4	1.37	11.5	4	10.2	Potters Bar.
Ruislip-Northwood ..	74,820	1,006	46	1,052	13	3	16	1,019	49	1,068	14.1	1.01	14.2	15.0	695	9.3	1.23	11.4	21	20.0	Ruislip-Northwood.
Southall .. .. .	54,120	966	99	1,065	18	2	20	984	101	1,085	19.7	1.04	20.5	18.4	736	13.6	0.90	12.2	24	22.5	Southall.
Southgate .. .. .	71,370	903	44	947	9	—	9	912	44	956	13.3	1.08	14.4	9.4	984	13.8	0.84	11.6	14	14.8	Southgate.
Staines .. .. .	51,000	928	34	962	14	1	15	942	35	977	18.9	0.91	17.2	15.4	408	8.0	1.29	10.3	20	20.8	Staines.
Sunbury .. .. .	34,540	712	29	741	11	1	12	723	30	753	21.5	0.87	18.7	15.9	328	9.5	1.18	11.2	10	13.5	Sunbury.
Tottenham .. .. .	113,020	1,977	256	2,233	34	6	40	2,011	262	2,273	19.8	1.00	19.8	17.6	1,424	12.6	1.03	13.0	51	22.8	Tottenham.
Twickenham .. .. .	102,500	1,529	94	1,623	19	2	21	1,548	96	1,644	15.8	1.04	16.4	12.8	1,206	11.8	0.95	11.2	26	16.0	Twickenham.
Uxbridge .. .. .	64,470	1,109	62	1,171	14	1	15	1,123	63	1,186	18.2	0.91	16.6	12.8	634	9.8	1.28	12.5	16	13.7	Uxbridge.
Wembley .. .. .	124,900	1,632	110	1,742	23	1	24	1,655	111	1,766	13.9	1.02	14.2	13.8	1,288	10.3	1.15	11.8	34	19.5	Wembley.
Willesden .. .. .	171,230	3,520	735	4,255	72	21	93	3,592	756	4,348	24.8	0.94	23.3	21.4	1,899	11.1	1.09	12.1	87	20.4	Willesden.
Wood Green .. .. .	47,510	737	74	811	21	2	23	758	76	834	17.1	1.02	17.4	27.6	581	12.2	0.94	11.5	21	25.9	Wood Green.
Yiewsley and West Drayton ..	23,930	439	24	463	8	3	11	447	27	474	19.3	0.90	17.4	23.2	212	8.9	1.44	12.8	10	21.6	Yiewsley and West Drayton.
THE COUNTY ..	2,239,770	35,356	3,081	38,437	549	70	619	35,905	3,151	39,056	17.2	0.99	17.0	15.8	24,568	11.0	1.07	11.8	732	19.0	THE COUNTY.

\* Birth and death rates are calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons. The presence of residential institutions is also taken into account. The comparability factors are a means of getting over these difficulties for purposes of comparison; the adjusted rates, though useful, are fictitious.





TABLE 5  
BIRTH RATE

Year					Live birth rate per 1,000 estimated mid-year population		
					Middlesex	London	England and Wales
1947	..	..	..	..	19.6	21.8	21.1
1948	..	..	..	..	16.1	18.2	18.1
1949	..	..	..	..	14.9 (13.9)	16.8 (15.3)	16.9
1950	..	..	..	..	13.9 (12.8)	15.8 (14.2)	15.9
1951	..	..	..	..	13.4 (12.3)	15.6 (14.0)	15.5
1952	..	..	..	..	13.3 (12.2)	15.3 (13.8)	15.3
1953	..	..	..	..	13.3 (12.9)	15.3 (13.3)	15.5
1954	..	..	..	..	13.1 (12.7)	15.3 (13.3)	15.2
1955	..	..	..	..	13.0 (12.6)	15.1 (13.3)	15.0
1956	..	..	..	..	13.7 (13.3)	15.9 (14.0)	15.7
1957	..	..	..	..	14.0 (13.8)	16.2 (14.4)	16.1
1958	..	..	..	..	14.5 (14.2)	16.8 (15.0)	16.4
1959	..	..	..	..	14.7 (14.4)	17.2 (15.5)	16.5
1960	..	..	..	..	15.7 (15.4)	18.0 (16.2)	17.2
1961	..	..	..	..	16.5 (16.3)	18.9 (17.0)	17.6
1962	..	..	..	..	17.2 (17.0)	19.6 (17.6)	18.0

NOTES.—Rates for the years 1947–49 are based on civilian population.  
Rates for 1950–1962 are based on home population.  
Figures in brackets represent rates, adjusted for valid area comparisons by Registrar General’s comparability factors.  
The rates for 1962 are provisional and subject to correction.

TABLE 6  
PREMATURE BIRTHS, 1962

Area.			Premature births notified (as adjusted by transfers).			Premature birth rate per 1,000 total births notified.
			Live births.	Still births.	Total premature births.	
(1)			(2)	(3)	(4)	(5)
1	..	..	197	35	232	74·9
2	..	..	138	30	168	63·6
3	..	..	327	39	366	78·7
4	..	..	232	25	257	79·1
5	..	..	218	17	235	71·1
6	..	..	396	61	457	75·9
7	..	..	232	30	262	61·7
8	..	..	235	33	268	67·9
9	..	..	234	33	267	75·5
10	..	..	242	30	272	63·7
County	..	..	2,451	333	2,784	71·5
London	..	..	4,836	563	5,399	73·4
England & Wales			56,014	8,541	64,555	75·4

TABLE 7  
INFANT MORTALITY

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 live births.		
	(1)	(2)	(3)	(4)	(5)
1940 .. ..	28,873	1,448	50·2	50	55
1941 .. ..	25,512	1,327	52·0	68	59
1942 .. ..	33,150	1,558	47·0	60	49
1943 .. ..	35,339	1,536	43·5	58	49
1944 .. ..	36,380	1,327	36·5	61	46
1945 .. ..	33,398	1,296	38·8	53	46
1946 .. ..	42,108	1,246	29·6	41	43
1947 .. ..	43,955	1,386	31·5	37	41
1948 .. ..	36,374	961	26·4	30	34
1949 .. ..	33,849	818	24·2	27	32
1950 .. ..	31,705	690	21·8	25	30
1951 .. ..	30,469	719	23·6	25	30
1952 .. ..	30,274	635	21·0	23	28
1953 .. ..	30,039	629	20·9	24	27
1954 .. ..	29,619	557	18·8	21	25
1955 .. ..	29,355	566	19·3	23	25
1956 .. ..	30,874	586	19·0	21	24
1957 .. ..	31,584	561	17·8	22	23
1958 .. ..	32,606	615	18·9	22	23
1959 .. ..	33,060	640	19·0	22	22
1960 .. ..	35,458	655	18·5	21	22
1961 .. ..	36,776	742	20·2	21	21
1962 (a) .. ..	38,437	732	19·0	21	21

(a) 1962 figures provisional.



TABLE 8

MATERNAL MORTALITY

MORTALITY PER 1,000 TOTAL (LIVE AND STILL) BIRTHS

Year.	Middlesex.		England and Wales Rate.
	Number.	Rate.	
(1)	(2)	(3)	(4)
1947 .. .. .	48	1·07	1·17
1948 .. .. .	34	0·91	1·02
1949 .. .. .	33	0·96	0·98
1950 .. .. .	27	0·84	0·86
1951 .. .. .	17	0·55	0·79
1952 .. .. .	17	0·55	0·72
1953 .. .. .	22	0·72	0·76
1954 .. .. .	16	0·53	0·70
1955 .. .. .	14	0·47	0·64
1956 .. .. .	18	0·57	0·56
1957 .. .. .	13	0·40	0·47
1958 .. .. .	13	0·39	0·44
1959 .. .. .	13	0·39	0·38
1960 .. .. .	7	0·20	0·39
1961 .. .. .	14	0·37	0·33
1962 (a) .. ..	11	0·28	0·35

(a) Provisional.

TABLE 9

INCIDENCE OF SICKNESS IN MIDDLESEX BASED ON FIRST APPLICATIONS FOR  
SICKNESS BENEFIT RECEIVED BY THE MINISTRY OF NATIONAL INSURANCE

Quarter ending	First applications for sickness benefit.								
	1954.	1955.	1956.	1957.	1958.	1959.	1960.	1961.	1962.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
March .. ..	107,706	138,592	117,325	93,183	114,599	168,720	113,500	152,104	142,297
June .. ..	64,650	69,430	68,025	67,568	71,644	72,025	74,066	75,092	87,736
September ..	55,975	56,894	57,544	61,592	61,715	61,681	63,096	61,412	62,476
December ..	80,905	95,021	93,108	189,661	92,431	91,182	91,587	105,765	105,147
Total for year ..	309,236	359,937 (a)	336,002	412,004	340,389	393,608 (a)	342,249	394,373	397,656
Number of first applications for sickness benefit per 1,000 popu- lation:—									
Middlesex ..	137	160	149	183	151	175	152	177	178
England & Wales ..	144	158	154	188	155	184	157	176	171

(a) 53 weeks.

## Infectious Diseases

TABLE 10

## CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1962

Boroughs and Urban Districts.	(1)	Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Acute encephalitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Enteric or typhoid fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Smallpox.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
Acton (Borough) ..	..	8	5	—	—	90	—	2	9	1	—	1	1	—	—	8	—
Brentford and Chiswick (Borough) ..	..	18	3	—	—	37	—	1	2	1	—	2	—	72	1	3	—
Ealing (Borough) ..	..	95	19	—	—	286	—	69	89	1	1	7	1	49	1	7	—
Edmonton (Borough) ..	..	76	14	—	—	169	—	11	658	—	—	6	—	96	1	60	—
Enfield (Borough) ..	..	61	10	—	2	197	—	19	72	—	1	8	—	4	—	7	—
Feltham ..	..	22	2	—	—	25	—	4	4	—	—	1	1	1	—	4	—
Finchley (Borough) ..	..	9	2	—	—	150	—	3	17	—	—	1	—	23	2	7	—
Friern Barnet ..	..	2	6	—	—	27	—	—	5	—	—	1	—	1	—	3	—
Harrow (Borough) ..	..	95	18	—	—	719	—	41	6	—	3	11	—	5	1	18	—
Hayes and Harlington ..	..	25	5	—	—	186	—	2	1	—	1	—	1	1	—	1	—
Hendon (Borough) ..	..	53	14	—	—	138	—	49	13	1	1	4	—	39	2	29	—
Heston and Isleworth (Borough) ..	..	22	3	—	2	207	—	14	42	1	—	6	2	95	3	6	—
Hornsey (Borough) ..	..	42	23	—	—	480	—	44	23	1	—	13	—	7	1	2	—
Potters Bar ..	..	4	2	—	—	36	—	—	—	—	—	—	—	—	—	—	—
Ruislip-Northwood ..	..	55	8	—	2	46	—	22	33	—	1	4	—	2	—	1	—
Southall (Borough) ..	..	19	12	—	3	178	—	33	102	1	—	3	—	1	—	24	—
Southgate (Borough) ..	..	14	11	—	—	98	—	3	17	—	—	—	—	1	—	27	—
Staines ..	..	16	—	—	—	143	—	—	—	—	—	2	—	3	—	3	—
Sunbury ..	..	17	8	—	1	167	—	4	2	—	1	—	1	1	—	2	—
Tottenham (Borough) ..	..	58	14	—	5	296	—	10	34	1	—	3	1	2	—	9	—
Twickenham (Borough) ..	..	21	3	—	—	43	—	26	1	—	—	2	—	1	—	—	—
Uxbridge (Borough) ..	..	10	—	—	11	90	—	12	7	—	—	3	1	166	—	4	—
Wembley (Borough) ..	..	44	12	—	2	411	—	34	5	—	—	5	—	3	4	8	—
Willesden (Borough) ..	..	62	37	—	2	520	—	39	109	2	—	8	4	157	4	21	—
Wood Green (Borough) ..	..	21	16	—	—	232	—	17	49	—	—	2	1	1	—	—	—
Yiewsley and West Drayton ..	..	26	4	—	—	15	—	1	—	—	—	—	3	—	—	1	—
		255	731	16	03	0	10	160	1 000	10	0	03	16	731	20	255	—



TABLE 11

AGE DISTRIBUTION OF NOTIFIED CASES (CORRECTED) AND OF DEATHS, ACUTE POLIOMYELITIS, 1962

1962  (1)	Age in years.					All ages.  (7)
	Under 1.  (2)	1—  (3)	5—  (4)	15—  (5)	25 and over.  (6)	
Number of cases						
First quarter ..	—	—	1	—	1	2
Second quarter ..	—	—	2	—	—	2
Third quarter ..	—	1	—	—	3	4
Fourth quarter ..	—	1	—	—	—	1
Whole year ..	—	2	3	—	4	9
Number of deaths ..	—	—	—	—	1	1

TABLE 12

VACCINATION AGAINST POLIOMYELITIS DURING 1962

Area  (1)	Number of persons who:		
	completed a primary course of immunisation during the year  (2)	received first reinforcing immunisation  (3)	received second reinforcing immunisation  (4)
1 .. ..	4,363	8,665	2,316
2 .. ..	3,201	5,186	2,394
3 .. ..	4,403	6,439	2,030
4 .. ..	3,710	5,991	2,415
5 .. ..	4,305	7,577	3,407
6 .. ..	5,837	11,084	2,881
7 .. ..	5,122	9,270	2,454
8 .. ..	5,684	10,747	4,478
9 .. ..	4,032	8,040	3,855
10 .. ..	4,960	8,986	1,842
County .. ..	45,617	81,985	28,072

Column (2)—Persons who received 2 injections of Salk or 3 doses of Oral Vaccine.  
„ (3)—Persons who received a 3rd injection of Salk or 1 dose of Oral after 2 Salk injections.  
„ (4)—Persons who received 4th injection of Salk or 1 dose of Oral vaccine after 3 Salk injections.

TABLE 13  
 NUMBER OF NOTIFICATIONS RECEIVED OF PERSONS  
 PRIMARILY VACCINATED OR RE-VACCINATED AGAINST SMALLPOX DURING 1962

Area.  (1)	Age in years.				
	Under 1. (2)	1—4. (3)	5—14. (4)	15 and over. (5)	All ages. (6)
1 .. .. .	611	2,836	5,614	18,976	28,037
2 .. .. .	1,671	1,129	4,032	16,508	23,340
3 .. .. .	2,535	1,691	4,863	15,687	24,776
4 .. .. .	1,462	1,999	10,311	34,429	48,201
5 .. .. .	1,644	1,897	6,582	22,251	32,374
6 .. .. .	2,307	3,825	11,764	32,498	50,394
7 .. .. .	2,600	2,306	8,636	30,649	44,191
8 .. .. .	2,350	2,168	12,007	38,710	55,235
9 .. .. .	1,526	1,915	8,616	18,869	30,926
10 .. .. .	3,037	1,933	8,138	19,106	32,214
London Airport ..	—	4	23	6,755	6,782
The County ..	19,743	21,703	80,586	254,438	376,470



TABLE 14  
DIPHThERIA

Year.					Cases notified.	Fatal cases.	Number of children under 15 years immunised during the year (primary and reinforcing injections).
(1)					(2)	(3)	(4)
1940	..	..	..	..	929	42	—
1941	..	..	..	..	980	59	—
1942	..	..	..	..	769	53	197,796
1943	..	..	..	..	618	24	49,830
1944	..	..	..	..	266	14	23,528
1945	..	..	..	..	331	19	31,326
1946	..	..	..	..	350	13	45,857
1947	..	..	..	..	129	3	48,414
1948	..	..	..	..	57	5	57,721
1949	..	..	..	..	23	—	49,083
1950	..	..	..	..	10	2	40,398
1951	..	..	..	..	4	—	52,065
1952	..	..	..	..	2	1	49,951
1953	..	..	..	..	4	—	50,076
1954	..	..	..	..	8	1	54,203
1955	..	..	..	..	2	—	44,298
1956	..	..	..	..	2	—	49,721
1957	..	..	..	..	2	—	43,551
1958	..	..	..	..	—	—	42,114
1959	..	..	..	..	—	—	46,693
1960	..	..	..	..	—	—	59,674
1961	..	..	..	..	1	1*	76,931
1962	..	..	..	..	—	—	59,493

\* Not notified.

TABLE 15  
NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS  
AGAINST DIPHTHERIA DURING 1962

Area.		Number of children immunised.			Number of children under 15 years of age given reinforcing injections.
		Under 5 years.	5-14 years.	Total, aged 0-14 years.	
(1)		(2)	(3)	(4)	(5)
1	..	2,517	198	2,715	3,418
2	..	2,020	293	2,313	3,404
3	..	3,688	344	4,032	3,889
4	..	2,352	115	2,467	1,461
5	..	2,546	87	2,633	975
6	..	4,440	155	4,595	2,841
7	..	2,797	198	2,995	3,530
8	..	3,283	153	3,436	3,845
9	..	1,886	100	1,986	2,045
10	..	3,612	181	3,793	3,120
COUNTY	..	29,141	1,824	30,965	28,528

TABLE 16

NUMBER OF CHILDREN IN MIDDLESEX IMMUNISED AGAINST DIPHTHERIA  
DURING THE PERIOD 1ST JANUARY, 1958—31ST DECEMBER, 1962

(1)	Age under 5 years (2)	Age 5-14 years (3)	Total under 15 years (4)
Children given primary and/or secondary injections .. .. .	120,480	125,655	246,135
Estimated mid-1962 child population ..	167,300	279,300	446,600
Percentage of protected population in age group .. .. .	72	45	55

TABLE 17

NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS AGAINST  
WHOOPIING COUGH DURING 1962

Area. (1)	Number of children immunised.			Number of children under 15 years of age given rein- forcing injections. (5)
	Under 5 years. (2)	5-14 years. (3)	Total, aged 0-14 years. (4)	
1 .. ..	2,363	44	2,407	1,084
2 .. ..	1,927	31	1,958	1,030
3 .. ..	3,572	48	3,620	2,466
4 .. ..	2,176	43	2,219	247
5 .. ..	2,525	81	2,606	675
6 .. ..	4,369	79	4,448	2,186
7 .. ..	2,603	74	2,677	2,027
8 .. ..	3,207	49	3,256	1,356
9 .. ..	1,638	4	1,642	1,005
10 .. ..	3,583	80	3,663	1,526
County ..	27,963	533	28,496	13,602



Tuberculosis

TABLE 18

SUMMARY OF WORK OF CHEST CLINICS, 1962

(1)	Ashford. (2)	Ealing. (3)	Edgware. (4)	Edmonton. (5)	Finchley. (6)	Harrow. (7)	Hounslow. (8)	Potters Bar. (9)	Tottenham. (10)	Uxbridge. (11)	Willesden. (12)	The County. (13)
Population in area served (approx.) .. ..	180,300	248,260	218,090	201,110	266,610	189,690	217,330	23,530	160,530	285,650	248,670	2,239,770
Persons examined for the first time during the year	4,805	6,345	9,125	4,748	3,818	10,193	3,002	700	4,583	8,486	5,012	60,817
Persons found to be tuber- culous .. ..	53	100	103	76	89	64	95	4	121	116	179	1,000
New contacts seen for the first time during the year	440	2,052	573	384	761	1,839	743	42	725	1,642	977	10,178
New contacts found to be tuberculous .. ..	5	6	3	8	7	13	10	—	14	3	24	93
Cases on register at 31st December, 1962 .. ..	1,082	1,956	1,192	1,958	1,662	1,662	2,388	91	1,389	2,519	2,184	18,083
Home visits by tuberculosis visitors during 1962 (a) ..	976	3,592	3,280	4,093	3,808	3,377	3,621	486	1,944	6,024	3,199	34,400

(a) Effective visits only. These should not be compared with years prior to 1955 when *total* visits were shown.





TABLE 20  
NOTIFICATION OF TUBERCULOSIS CASES AND DEATHS, 1926-1962

Year.	Estimated County civilian population (mid-year).	Formal notifications.						Deaths registered.					
		All forms.		Pulmonary.		Non-pulmonary.		All forms.		Pulmonary.		Non-pulmonary.	
		No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.	No.	Rate.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1926	1,325,260	2,009	1.52	1,655	1.25	354	.27	1,138	.86	944	.71	194	.15
1927	1,352,040	2,015	1.50	1,621	1.20	394	.30	1,193	.88	1,024	.76	169	.12
1928	1,416,600	1,819	1.28	1,478	1.04	341	.24	1,071	.76	909	.64	162	.12
1929	1,458,810	1,911	1.31	1,606	1.10	305	.21	1,215	.83	1,058	.73	157	.10
1930	1,560,120	2,015	1.29	1,623	1.04	392	.25	1,164	.75	981	.63	183	.12
1931	1,639,300	2,120	1.29	1,749	1.07	371	.22	1,160	.71	989	.60	171	.11
1932	1,702,530	2,108	1.24	1,733	1.02	375	.22	1,144	.67	965	.57	179	.10
1933	1,756,820	2,082	1.19	1,750	1.00	332	.19	1,224	.70	1,046	.60	178	.10
1934	1,810,200	2,098	1.16	1,767	0.98	331	.18	1,266	.70	1,086	.60	180	.10
1935	1,866,800	2,151	1.15	1,826	0.98	325	.17	1,187	.64	1,028	.55	159	.09
1936	1,940,400	2,151	1.11	1,833	0.94	318	.17	1,257	.65	1,096	.56	161	.09
1937	2,014,500	2,312	1.15	1,932	0.96	380	.19	1,177	.58	1,008	.50	169	.08
1938	2,058,300	2,469	1.20	2,048	0.99	421	.21	1,109	.54	932	.45	177	.09
1939	2,056,100	2,313	1.12	1,952	0.95	361	.17	1,174	.57	1,012	.49	162	.08
1940	1,952,100	2,410	1.23	2,043	1.04	367	.19	1,217	.62	1,055	.54	162	.08
1941	1,874,900	2,804	1.49	2,435	1.29	369	.20	1,326	.70	1,154	.61	172	.09
1942	1,929,900	3,081	1.60	2,617	1.36	468	.24	1,204	.62	1,040	.54	164	.08
1943	1,938,000	3,110	1.60	2,675	1.38	435	.22	1,191	.61	1,042	.54	149	.07
1944	1,902,500	2,944	1.54	2,595	1.36	349	.18	1,066	.56	920	.48	146	.08
1945	1,958,000	2,879	1.47	2,504	1.28	375	.19	1,035	.53	900	.46	135	.07
1946	2,178,010	3,018	1.38	2,668	1.22	350	.16	1,039	.48	894	.41	145	.07
1947	2,248,180	3,010	1.34	2,704	1.20	306	.14	962	.43	855	.38	107	.05
1948	2,262,700	3,185	1.41	2,828	1.25	357	.16	907	.40	790	.35	117	.05
1949	2,273,180	3,021	1.33	2,746	1.21	275	.12	852	.38	765	.34	87	.04
1950	2,287,390*	2,776	1.21	2,477	1.08	299	.13	622	.27	567	.25	55	.02
1951	2,268,000*	2,727	1.20	2,416	1.07	311	.14	582	.26	528	.23	54	.02
1952	2,270,000*	2,474	1.09	2,208	0.97	266	.12	437	.19	386	.17	51	.02
1953	2,259,700*	2,507	1.11	2,264	1.00	243	.11	362	.16	327	.14	35	.02
1954	2,256,000*	2,147	0.95	1,925	0.85	222	.10	320	.14	292	.13	28	.01
1955	2,252,000*	1,927	0.86	1,706	0.76	221	.10	266	.12	244	.11	22	.01
1956	2,251,000*	1,762	0.78	1,568	0.70	194	.09	234	.10	214	.10	20	.01
1957	2,249,000*	1,608	0.71	1,425	0.63	183	.08	201	.09	182	.08	19	.01
1958	2,247,000*	1,455	0.65	1,290	0.57	165	.07	170	.08	148	.07	22	.01
1959	2,247,000*	1,263	0.56	1,128	0.50	135	.06	127	.06	116	.05	11	.005
1960	2,252,420*	1,203	0.53	1,049	0.47	154	.07	131	.06	120	.05	11	.005
1961	2,231,110*	1,108	0.50	963	0.43	145	.07	111	.05	100	.05	11	.005
1962	2,239,770*	1,012	0.45	896	0.40	116	.05	121	.05	111	.05	10	.004

All rates are per 1,000 population.

\*Home population.

## Venereal Disease

TABLE 21

## MIDDLESEX PATIENTS TREATED AT HOSPITALS

Persons dealt with at clinics for the first time and found to be suffering from	1953.	1954.	1955.	1956.	1957.	1958.	1959.	1960.	1961.	1962.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Syphilis .. ..	195	148	172	203	164	157	124	166	208	191
Gonorrhoea .. ..	618	412	502	534	563	667	845	1,187	1,295	1,084
Other conditions ..	3,336	2,730	3,165	3,105	3,047	2,905	3,246	4,012	4,238	4,040
Totals .. ..	4,149	3,290	3,839	3,842	3,774	3,729	4,215	5,365	5,741	5,315

## Health Control of London Airport

TABLE 22

## WORK CARRIED OUT DURING 1962

Planes arriving .. ..	..	..	..	..	..	..	..	..	..	46,193
Passengers arriving:—										
British .. ..	..	..	..	..	..	..	..	..	..	1,300,792
Alien .. ..	..	..	..	..	..	..	..	..	..	864,498
Total .. ..	..	..	..	..	..	..	..	..	..	2,165,290
Planes issued with disinsectisation certificates .. ..	..	..	..	..	..	..	..	..	..	1,991
Sick passengers needing ambulance or car arrangements ..	..	..	..	..	..	..	..	..	..	1,320
Vaccinations carried out against smallpox .. ..	..	..	..	..	..	..	..	..	..	6,782
Aliens inspected under Aliens Order .. ..	..	..	..	..	..	..	..	..	..	1,394
Aliens refused entry on medical certificate .. ..	..	..	..	..	..	..	..	..	..	13
Notifications sent to medical officers of health for surveillance of passengers ..	..	..	..	..	..	..	..	..	..	65

TABLE 23

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1962. Number of		1st July to 31st December, 1962. Number of		Total, 1962.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Excepted Area .. ..	9,724	419,717	11,985	574,791	21,709	994,508
Europe outside Excepted Area .. ..	5,409	238,093	6,117	301,156	11,526	539,249
North America .. ..	2,422	138,687	3,340	170,621	5,762	309,308
Central and South America	331	21,918	368	23,234	699	45,152
Africa .. ..	1,197	51,218	1,137	49,842	2,334	101,060
Asia .. ..	1,978	87,677	2,185	88,336	4,163	176,013
Total .. ..	21,061	957,310	25,132	1,207,980	46,193	2,165,290



Maternal and Child Health

TABLE 24  
ANTE-NATAL AND POST-NATAL CLINICS PROVIDED BY THE COUNTY COUNCIL

Area.	Number of clinics provided at end of 1962.	Average number of sessions held per month during year.	Number of women in attendance				Total number of attendances made by women included in columns (4) and (5) during 1962.	
			Number of women who attended during 1962.		Number of new cases included in columns (4) and (5).		Ante-natal.	Post-natal.
			Ante-natal.	Post-natal.	Ante-natal.	Post-natal.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 ..	10 (1)	50 (4)	1,221	551	1,133	535	7,620	658
2 ..	9	33	1,759	232	1,342	231	5,750	259
3 ..	9	103	3,231	1,001	2,418	994	18,469	1,027
4 ..	11	64	1,639	160	1,351	151	6,395	163
5 ..	15	62	1,353	86	1,097	59	5,322	86
6 ..	19 (4)	114 (4)	4,175	193	3,783	150	18,975	213
7 ..	14	125	2,608	334	2,353	328	13,725	365
8 (a)	17	66	1,912	88	1,497	87	7,850	141
9 ..	8	36	1,074	109	835	109	4,528	113
10 ..	15	40	1,114	155	902	146	4,847	162
COUNTY ..	127 (5)	693 (8)	20,086	2,909	16,711	2,790	93,481	3,187

The figures in brackets relate to sessions carried out at separate post-natal clinics.  
(a) Numbers include one mobile unit.

TABLE 25  
CHILD WELFARE CENTRES PROVIDED BY COUNTY COUNCIL

Area. (1)	Number of centres provided at end of 1962. (2)	Number of child welfare sessions now held per month at centres in column (2). (3)	Number of children who first attended a centre during 1962, and who at their first attendance were under 1 year of age. (4)	Number of children who attended during 1962 and who were born in:			Total number of children who attended during 1962. (8)	Number of attendances during 1962 made by children who at the date of attendance were:			Total attendances during 1962. (12)
				1962. (5)	1961. (6)	1960-57. (7)		Under 1 year (9)	1 but under 2 (10)	2 but under 5 (11)	
				(5)	(6)	(7)		(9)	(10)	(11)	
1 ..	14	104	2,772	2,445	2,022	3,006	7,473	39,515	10,908	12,354	62,777
2 ..	13	108	2,479	2,227	2,069	3,430	7,726	29,861	8,667	9,961	48,489
3 ..	10	160	4,272	3,741	2,962	4,630	11,333	45,830	6,399	7,126	59,355
4 ..	16	114	2,966	2,710	2,181	3,356	8,247	38,043	9,454	8,517	56,014
5 ..	16	118	2,997	2,831	2,279	3,395	8,505	37,683	5,811	6,160	49,654
6 ..	14	185	5,662	5,025	3,036	3,024	11,085	68,064	7,929	6,246	82,239
7 ..	15	152	3,800	3,406	3,146	4,318	10,870	49,410	8,506	7,283	65,199
8 (a) ..	21	179	3,497	3,409	3,373	5,255	12,037	51,128	10,540	17,412	79,080
9 ..	9	94	3,017	2,563	2,143	2,144	6,850	33,715	5,080	3,805	42,600
10 (a) ..	17	193	4,054	3,531	3,315	3,906	10,752	62,561	14,009	16,013	92,583
COUNTY ..	145	1,407	35,516	31,888	26,526	36,464	94,878	455,810	87,303	94,877	637,990

NOTE.—The following figures relate to child welfare centres provided by other bodies, at each of which the County Council provides a health visitor only.  
(The figures are *not* included in the main table.)

Queen Charlotte's Hospital ..	1	4	65	55	52	16	123	769	46	21	836
R.A.F., Stanmore	1	4	52	39	34	25	98	625	112	42	779
Elstree G.P. Clinic ..	1	2	31	21	15	12	48	267	54	16	337

(a) Numbers include 1 Mobile Clinic in each area.



TABLE 26  
PRIORITY DENTAL SERVICE 1962  
EXPECTANT AND NURSING MOTHERS

AREA	Examined	Needing treatment	Treated	Made dentally fit	Attendances for treatment	Extractions	General Anaesthetics	Fillings	Scalings and gum treatment	Radiographs	Dentures provided	
											Complete	Partial
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1 .. ..	82	70	76	55	241	132	22	121	11	—	15	13
2 .. ..	53	47	93	26	294	43	12	173	46	4	14	7
3 .. ..	160	158	166	70	796	183	23	471	131	8	14	37
4 .. ..	206	188	360	104	860	326	36	598	59	50	33	54
5 .. ..	37	36	46	22	129	29	6	83	29	1	3	3
6 .. ..	503	461	470	225	1,839	258	69	1,202	153	135	35	57
7 .. ..	225	221	234	204	927	246	63	693	92	167	21	28
8 .. ..	113	102	139	99	801	293	32	529	73	38	24	26
9 .. ..	201	190	220	138	1,100	430	93	586	154	91	23	50
10 .. ..	167	156	316	212	1,006	390	64	767	145	85	32	31
COUNTY ..	1,747	1,629	2,120	1,155	7,993	2,330	420	5,223	893	579	214	306

CHILDREN UNDER FIVE YEARS

AREA	Examined	Needing treatment	Treated	Made dentally fit	Attendances for treatment	Extractions	General Anaesthetics	Fillings	Silver nitrate dressings	Radiographs	Dentures provided	
											Complete	Partial
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1 .. ..	250	183	231	187	453	157	102	202	479	3	—	—
2 .. ..	555	326	323	223	1,017	152	84	615	285	—	—	—
3 .. ..	563	461	473	385	1,694	279	169	1,206	518	3	—	4
4 .. ..	407	295	390	226	1,050	222	106	929	115	12	—	4
5 .. ..	226	185	170	181	385	97	64	428	156	—	—	—
6 .. ..	984	696	590	430	1,564	310	133	1,207	604	1	—	—
7 .. ..	844	722	731	626	1,919	440	206	1,242	254	—	—	—
8 .. ..	496	349	435	318	1,207	237	98	1,126	283	8	—	—
9 .. ..	491	399	408	240	1,134	598	280	355	213	6	2	—
10 .. ..	551	401	618	488	1,394	385	210	1,032	589	2	—	1
COUNTY ..	5,367	4,017	4,369	3,304	11,817	2,877	1,452	8,342	3,496	35	2	9

TABLE 27  
CARE OF PREMATURE INFANTS, 1962

Area.	Number of premature babies born alive to mothers normally resident in the County, but excluding babies born in maternity homes or hospitals in the National Health Service.		Born at home and nursed entirely at home.				Born at nursing homes and nursed entirely at nursing homes.			
	(1)	(2) Born at home.	(3) Born in private nursing homes.	(4) Number born.	(5) Died during first 24 hours.	(6) Survived to end of 28 days.	(7) Number born.	(8) Died during first 24 hours.	(9) Survived to end of 28 days.	
1	..	42	—	35	—	33	—	—	—	
2	..	20	—	19	—	19	—	—	—	
3	..	63	3	60	3	57	3	—	3	
4	..	34	3	33	—	33	3	—	3	
5	..	21	—	21	1	19	—	—	—	
6	..	31	1	31	1	30	1	—	1	
7	..	27	—	24	—	24	—	—	—	
8	..	47	1	40	2	36	1	—	1	
9	..	31	—	26	—	26	—	—	—	
10	..	76	—	71	4	66	—	—	—	
COUNTY ..	..	392	8	360	11	343	8	—	8	



TABLE 28  
MOTHER AND BABY HOMES

Name and address of home or hostel.	Number of beds.				Average length of stay. (weeks).	
	Total (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour.	Cots.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>A.—Provided by the County Council.</i>						
"Amherst Lodge," 47, Amherst Road, Ealing, W.13 ..	26	—	—	14	4	5 <sup>3</sup> <sub>7</sub>
"Belle Vue," 167, Willesden Lane, Kilburn, N.W.6 ..	12	—	—	12	3 <sup>2</sup> <sub>7</sub>	5 <sup>1</sup> <sub>7</sub>
"Red Gables," 113, Crouch Hill, Hornsey, N.8.. ..	15	—	—	12	4 <sup>3</sup> <sub>7</sub>	5 <sup>2</sup> <sub>7</sub>
"Guilford House," 92-94, Torrington Park, N.12 ..	28	—	—	14	4 <sup>3</sup> <sub>7</sub>	4 <sup>2</sup> <sub>7</sub>
<i>B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.</i>						
"Beacon Lodge," 35, Eastern Road, Finchley, N.2 ..	19	2	1	15	7 (a)	5 <sup>3</sup> <sub>7</sub> (a)

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions to the same home after confinement) .. .. .	601
Number of admissions for which the County Council was responsible .. .. .	555
Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above:—	
Expectant mothers .. .. .	381
Post-natal cases .. .. .	26
(a) Relates to the 42 Middlesex cases only.	

TABLE 29

DAY NURSERIES PROVIDED BY COUNTY COUNCIL AS AT 31ST DECEMBER, 1962

Area.	Number.	Number of approved places.	Number of children on the register at the end of the year.		Average daily attendance during the year.	
			Age.		Age.	
			Under 2 years.	2-5.	Under 2 years.	2-5.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 .. ..	1	55	21	29	15·0	22·5
2 .. ..	1	30	11	21	6·7	20·9
3 .. ..	3	158	45	103	37·5	83·6
4 .. ..	2	110	28	79	19·8	65·4
5 .. ..	2	110	27	75	25·6	61·9
6 .. ..	10	490	225	285	185·9	237·1
7 .. ..	5	214	66	132	51·5	99·8
8 .. ..	4	170	42	91	23·7	70·3
9 .. ..	2	86	18	55	18·3	41·2
10 .. ..	3	110	35	87	21·9	58·9
COUNTY .. ..	33	1,533	518	957	405·9	761·6



TABLE 30  
ADMINISTRATION OF ANALGESICS, 1962

Area.	Number of midwives in practice in the County at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of inhalational analgesics in use at the end of the year by domiciliary midwives employed by the County Council.		Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.		
	Domiciliary.	In institutions.	Total.	Gas and air.	Trilene.	Gas and air.	Trilene.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1 ..	16	49	65	18	16	368	745	717
2 ..	17	1	18	11	14	31	611	392
3 ..	13	10	23	11	8	407	424	515
4 ..	12	55	67	12	8	99	286	310
5 ..	14	1	15	13	12	133	751	428
6 ..	13	60	73	12	7	385	378	408
7 ..	18*	24	42	15	15	299	556	442
8 ..	17	45	62	18	5	864	120	558
9 ..	16*	67	83	5	14	106	521	371
10 ..	24	13	37	19	19	492	880	722
COUNTY ..	156	325	481	134	118	3,184	5,272	4,863

\* Including 4 midwives who practise in both areas 7 and 9.  
In addition, 175 cases received both gas and air and 'trilene'.





TABLE 31

MIDWIFERY

Area.	Number of midwives practising in the area of the Local Supervising Authority at 31st December, 1962, and the number of maternity cases in the County attended by midwives during the year.																												Area.				
	Midwives employed by the County Council.						Midwives employed by voluntary organisations, otherwise than under arrangements with the local health authority, including hospitals not transferred to the Minister under the National Health Service Act.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.						Midwives in private practice (including midwives employed in nursing homes).						Total.								
	Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.		Total.		Domiciliary.		Institutional.			Total.			
	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2		1	2		
1 ..	20 (2)	1,193	—	—	20 (2)	1,193	—	—	—	—	—	—	—	—	49	3,129	49	3,129	—	—	—	—	—	—	20 (2)	1,193	49	3,129	69 (2)	4,322	..	1	
2 ..	16 (2)	748	—	—	16 (2)	748	—	—	—	—	—	—	—	—	1	—	1	—	4	—	—	—	4	—	20 (2)	748	1	—	21 (2)	748	..	2	
3 ..	14 (1)	939	—	—	14 (1)	939	—	—	1	71	1	71	—	2	9	685	9	687	—	—	—	—	—	—	14 (1)	941	10	756	24 (1)	1,697	..	3	
4 ..	10 (3) [2]	606	—	—	10 (3) [2]	606	—	—	—	—	—	—	—	—	50	2,606	50	2,606	3	5	5	105	8	110	13 (3) [2]	611	55	2,711	68 (3) [2]	3,322	..	4	
5 ..	15 (2)	973	—	—	15 (2)	973	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	59	1	60	15 (2)	974	1	59	16 (2)	1,033	..	5	
6 ..	14 (1)	967	—	—	14 (1)	967	—	—	—	—	—	—	—	—	61	3,839	61	3,839	—	—	—	—	—	—	14 (1)	967	61	3,839	75 (1)	4,806	..	6	
7 ..	16 (1)	847	—	—	16 (1)	847	—	—	—	—	—	—	—	4*	218	19	1,395	23*	1,613	—	—	5	47	5	47	20* (1)	1,065	24	1,442	44* (1)	2,507	..	7
8 ..	20 (2) [1]	1,142	—	—	20 (2) [1]	1,142	—	—	—	—	—	—	—	—	47	3,153	47	3,153	—	—	—	—	—	—	20 (2) [1]	1,142	47	3,153	67 (2) [1]	4,295	..	8	
9 ..	14 (2)	614	—	—	14 (2)	614	—	—	—	—	—	—	—	4*	139	67	2,934	71*	3,073	—	—	—	—	—	—	18* (2)	753	67	2,934	85* (2)	3,687	..	9
10 ..	25 (2)	1,705	—	—	25 (2)	1,705	—	—	—	—	—	—	—	—	14	654	14	654	1	2	—	3	1	5	26 (2)	1,707	14	657	40 (2)	2,364	..	10	
County ..	164 (18) [3]	9,734	—	—	164 (18) [3]	9,734	—	—	1	71	1	71	4*	359	317	18,395	321	18,754	8	8	11	214	19	222	176 (18) [3]	10,101	329	18,680	505 (18) [3]	28,781	..	County	

1. Number of midwives.

2. Number of cases attended.

The figures in parentheses ( ) show the number of non-medical supervisory staff. The figures in brackets [ ] relate to home nurse/midwives.

All figures in brackets and parentheses are included in main totals.

\* 4 midwives employed by Queen Charlotte's Hospital practise in both Areas 7 and 9.





TABLE 32

HEALTH VISITING. (See note (b) )

Area.	Number of health visitors employed at 31st December, 1962.		Equivalent of whole-time services devoted by health visitors included in columns(2) & (3) to services provided under the National Health Service Act.	Number of visits paid by health visitors shown in column (4) during 1962.								Number of families visited during 1962. (c)	
				Expectant mothers.	Children under 1 year of age.		Children age 1 but under 2.	Children age 2 but under 5.	Other Classes.	All Classes.			
	Whole-time on health visiting.	Part-time on health visiting.											
				(1)	(2)	(a) (d) (3)	(a) (4)	First visits. (5)	Total visits. (6)	First visits. (7)	Total visits. (8)		Total visits. (9)
1	..	—	19 (2)	16.2 (1.0)	657	918	3,169	11,089	5,177	8,630	1,962	27,776	9,368
2	..	—	22 (2)	16.0 (1.8)	765	1,468	2,899	11,099	5,818	10,929	1,708	31,022	10,768
3	..	2	25 (2)	24.2 (1.5)	1,617	2,471	5,399	13,135	5,707	8,652	3,830	33,795	11,870
4	..	—	28 (1)	20.1 (0.8)	767	1,453	3,310	9,792	4,559	7,407	2,951	26,162	8,872
5	..	—	23 (2)	18.0 (1.5)	1,531	2,117	3,377	11,601	6,067	10,706	734	31,225	10,436
6	..	—	44 (2)	28.3 (1.1)	2,690	4,048	6,331	19,500	8,273	14,852	2,391	49,064	13,290
7	..	—	31 (2)	26.7 (1.8)	1,300	2,086	4,271	17,946	9,568	15,561	3,900	49,061	11,564
8	..	—	37 (2)	26.1 (1.3)	2,119	3,659	4,146	17,049	7,738	16,288	3,052	47,786	10,810
9	..	—	24 (2)	20.4 (1.7)	1,843	3,635	3,406	21,863	10,629	21,400	2,968	60,495	10,333
10	..	—	30 (2)	22.4 (1.7)	577	899	4,977	14,336	5,686	11,302	1,217	33,440	10,170
COUNTY..		2	283 (19)	218.4 (14.2)	13,866	22,754	41,285	147,410	69,222	125,727	24,713	389,826	107,481

(a) Figures in parentheses relate to superintendents and deputy superintendents which are included in the total.

(b) This table excludes tuberculosis health visitors and their visits. (See Table 18.)

(c) This table excludes visits to families by the health visitor/school nurses whilst acting solely in their capacity as school nurses.

(d) Not including student health visitors.





TABLE 33

a. Numbers of cases attended by home nurses during the year.

*b.* Numbers of visits paid by home nurses during the year.

The figures in parentheses relate to supervisors and are included in the total.





TABLE 34  
DOMESTIC HELP

Area.	Number of home helps employed at 31st December, 1962.		Equivalent of whole-time services devoted by home helps in columns 2 and 3.	Number of cases in which domestic help was provided during 1962.				
	Whole-time.	Part-time.		Maternity (including expectant mothers).	Tuberculosis.	Chronic sick including aged and infirm.	Others.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	6	131	91.8	176	24	816	380	1,396
2	3	113	68.6	209	26	1,042	280	1,557
3	4	163	98.0	124	40	1,712	152	2,028
4	3	64	50.1	223	17	732	261	1,233
5	1	81	47.9	386	11	707	284	1,388
6	3	109	78.7	187	18	1,013	592	1,801
7	9	281	190.5	289	22	1,728	285	2,324
8	15	133	92.8	289	22	752	116	1,179
9	38	184	160.0	181	14	1,419	132	1,746
10	6	135	85.5	298	20	1,012	297	1,627
COUNTY ..	88	1,394	963.9	2,362	214	10,933	2,779	16,288

## MENTAL HEALTH

TABLE 35

Patients under Local Health Authority care at 31st December, 1962

	Mentally Ill					Sub-Normal and Severely Sub-Normal				
	Under age 16		Over age 16		Total	Under age 16		Over age 16		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1 Number of patients under care at 31st December, 1962 ..	9	11	408	704	1,132	516	413	1,262	1,102	3,293
2 (a) Attending day training centre ..	—	—	17	12	29	376	322	288	278	1,264†
Awaiting entry thereto ..	—	—	—	—	—	38	21	50	87	196
(b) Resident in a residential training centre ..	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein ..	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	7	5	12	—	1	—	—	1
Awaiting home training ..	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. home/hostel ..	—	—	—	6	6	4	4	—	—	8
Awaiting residence in L.H.A. home/hostel* ..	—	—	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels ..	—	—	21	53	74	9	10	6	12	37
Resident at L.H.A. expense by boarding out in private household ..	—	—	—	—	—	26	6	22	20	74
(e) Receiving home visits and not included in (a) to (d)	9	11	369	629	1,018	63	49	896	705	1,713
3 No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.62—										
In urgent need of hospital care ..	—	—	4	9	13	58	38	14	3	113
Not in urgent need of hospital care ..	—	—	7	13	20	40	30	20	14	104
4 No. of admissions for temporary residential care (e.g. to relieve the family) during 1962—										
To N.H.S. Hospitals ..	—	—	—	—	—	118	67	52	27	264
Elsewhere ..	—	—	—	—	—	7	5	4	7	23

\* Owing to the few places available at present no waiting list is kept.

† Includes 47 patients attending centres administered by voluntary organisation and other local authorities.



Number of patients referred during year ended 31st December, 1962

Referred by	Mentally Ill						Sub Normal and Severely Sub Normal				
	Under age 16		Over age 16		Total		Under age 16		Over age 16		Total
	M.	F.	M.	F.			M.	F.	M.	F.	
General practitioners .. ..	6	2	910	1,532	2,450		1	1	1	4	7
Hospitals, on discharge from in-patient treatment .. ..	1	—	273	373	647		4	6	2	3	15
Hospitals, after or during out-patient or day treatment ..	—	1	157	311	469		7	2	1	2	12
Local education authorities ..	—	—	—	—	—		43	28	46	34	151
Police and courts .. .. .	2	2	140	96	240		—	2	1	2	5
Other sources .. .. .	1	1	440	547	989		26	12	15	14	67
Total .. .. .	10	6	1,920	2,859	4,795		81	51	66	59	257*

\* In addition to the above a further 36 cases were referred during 1962 but had not been classified at the end of the year.

## Work of Mental Welfare Officers and Mental Health Social Workers

(a) *Mental Illness*

Visits made by mental welfare officers for all divisions	..	..	..	..	13,894
Compulsory admissions to psychiatric hospitals by mental welfare officers	..			..	1,588
Informal admissions to psychiatric hospitals by mental welfare officers	..			..	1,270

(b) *Mental Subnormality*

Visits to those under County Council's community care by mental welfare officers and mental health social workers . . . . .	7,522
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## Ambulance Service

### TABLE 38

#### ANALYSIS OF HOW PATIENTS WERE CARRIED

##### *By Directly Provided Services.*

(i) Accident and emergency calls	..	..	..	..	..	64,570	
(ii) Other removals	..	..	..	..	..	652,353	
							716,923

##### *By Supplementary Services.*

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	..	..	..	..	..	2,131	
(ii) Hospital car service	..	..	..	..	..	40,851	
(iii) Railways	..	..	..	..	..	672	
(iv) Hired cars and coaches	..	..	..	..	..	—	
(v) Mental cases transported by mental welfare officers	..	..	..	..	..	1,986	
(vi) Other Ambulance Authorities	..	..	..	..	..	24	
							45,664
							762,587

##### *Mileage Analysis.*

(i) By County Service vehicles	..	..	..	..	..	3,298,395	
(ii) British Red Cross and other Ambulance Authorities	..	..	..	..	..	30,060	
(iii) Hospital car service	..	..	..	..	..	506,339	
(iv) Hired cars	..	..	..	..	..	—	
(v) Mental cases transported by Mental Welfare officers	..	..	..	..	..	56,364	
							3,891,158

#### ESTABLISHMENT OF DRIVER-ATTENDANTS.

Approved establishment of driver-attendants on 1st January, 1962	..	..	..	..	..	565	
Actual strength on 1st January, 1962	..	..	..	..	..	548	
Deficiency of	..	..	..	..	..	17	
Approved establishment of driver-attendants on 31st December, 1962	..	..	..	..	..	565	
Actual strength on 31st December, 1962	..	..	..	..	..	554	
Deficiency of	..	..	..	..	..	11	



Follow-up of Registered Blind and Partially Sighted Persons

TABLE 39

	Cause of disability.				
	Cataract.	Glaucoma.	Retrolental fibroplasia.	Myopia.	Others.
(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends:—					
(a) No treatment ..	59	48	1	—	267
(b) Treatment (medical, surgical or optical) ..	62	50	—	—	68
(ii) Number of cases at (i) (b) above which on follow-up action:—					
(i) Have completed treatment ..	12	5	—	—	15
(ii) Treatment started, but not completed ..	1	40	—	—	39
(iii) Awaiting treatment .. ..	33	2	—	—	7
(iv) Refused treatment .. ..	9	1	—	—	3
(v) Died or removed from County ..	7	2	—	—	4

Ophthalmia Neonatorum

TABLE 40

(i) Total number of cases notified during the year .. .. .	20
(ii) Number of cases in which:—	
(a) Vision lost .. .. .	—
(b) Vision impaired .. .. .	—
(c) Treatment continuing at end of year .. .. .	—

**MODIFICATIONS TO THE PROPOSALS [APPROVED BY THE MINISTER] OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946**

**CHIROPODY SERVICE**

Amendment approved by Minister of Health 16th January, 1962:—

“ That the Council’s existing proposal under Section 28 of the National Health Service Act, 1946, relating to chiropody services be deleted, *viz.*:—

The County Council will, as soon as practicable, provide directly for the extension of its existing chiropody service in the County with priority in the early stages to the elderly, the physically handicapped and expectant mothers and, as an interim measure, pending such direct provision will consider making arrangements for the provision of such a service through suitable voluntary organisations.

and the following proposals substituted:—

The County Council will, as soon as practicable, provide for the extension of its existing chiropody service in the County with priority in the early stages to the elderly, the physically handicapped, expectant and nursing mothers and children under five years of age ”.